

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000037737**

1. Entity Name  
**BFGP INGENIEROS, LLC.**



Principal Place of Business  
**17190 ARVIDA PARKWAY  
WINDMILL CENTER SUITE 2  
WESTON, FL 33326 US**

Mailing Address  
**17190 ARVIDA PARKWAY  
WINDMILL CENTER SUITE 2  
WESTON, FL 33326 US**



01132007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2878504**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FERNANDEZ, HELY  
17190 ARVIDA PARKWAY  
WINDMILL CENTER SUITE 2  
WESTON, FL 33326**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE D  
NAME PADUA, JOSE  
STREET ADDRESS 17190 ARVIDA PKWY, WINDMILL CENTER SUITE 2  
CITY-ST-ZIP WESTON, FL 33326

TITLE D  
NAME PERKINSON, CARLOS  
STREET ADDRESS 17190 ARVID PKWY, WINDMILL CENTER SUITE 2  
CITY-ST-ZIP WESTON, FL 33326

TITLE D  
NAME BRATT, JONATHAN  
STREET ADDRESS 17190 ARVID PKWY, WINDMILL CENTER SUITE 2  
CITY-ST-ZIP WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/26/07-80076-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1/22/2007*

Date

*(954) 385-2164*

Daytime Phone #