


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L08168</b> 1. Entity Name DDA ENGINEERS, P.A.	
---	---

Principal Place of Business 4930 S.W. 74TH CT. MIAMI, FL 33155	Mailing Address 4930 S.W. 74TH CT. MIAMI, FL 33155
--	--

**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0138165	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	-----------------------------------

6. Name and Address of Current Registered Agent  VILLALOBOS, RICHARD J 1320 S DIXIE HWY STE 820 CORAL GABLES, FL 33146
---

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DPT DONNELL, RAMON 4930 SW 74TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DVS DU QUESNE, PEDRO J. 4930 SW 74TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V ALBAISA, AIDA 4930 SW 74TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

U000000586698  
01/17/07-80003-013 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	01/11/07 (306) 666-0711 <small>Date Daytime Phone #</small>
--	--