2004 FOR PROFIT CORPORATION

FILED Feb 20, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L86648 GPM ENGINEERING, INC. Principal Place of Business Mailing Address 5502 SW 114TH AVE 5502 SW 114TH AVE COOPER CITY, FL 33330 COOPER CITY, FL 33330 02172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0209488 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, SHANTILAL DO NOT WRITE 5502 SW 114TH AVE COOPER CITY, FL 33330 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 like if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U00000059000 Trust Fund Contribution. Added to Fees 02/20/04-80061-011 150.00 10. OFFICERS AND DIRECTORS DP TITE F NAME PATEL, SHANTILAL C. STREET ADDRESS 5502 SW 114TH AVE CITY-ST-ZIP COOPER CITY, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04 954-680-9483