## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 18, 2008 08:00 A Secretary of State **DOCUMENT # L86648** 1. Entity Name 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 04162008 No Chg-P CR2E034 (11/05) 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000906960 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/05/08-80019-008 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP TITLE NAME PATEL, SHANTILAL C. 5502 SW 114TH AVE STREET ADDRESS COOPER CITY, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

4/16/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-680-9483

Date

Daytime Phone #

**FILED**