2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2005 08:00 AM Secretary of State DOCUMENT # M08745 1. Entity Name U.S. SOUTH ENGINEERING AND TESTING LAB. INC. Principal Place of Business Mailing Address 6065 NW 167 ST. 6065 NW 167 ST MIAMI FL 33015 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2769503 Not Applicable Zip Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAHMANPARASAT, MAHMOOD Street Address (P.O. Box Number is Not Acceptable) 6065 N.W. 167TH ST B-23 MIAMI FL 33015 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. HHE ☐ Delete TITLE Change ☐ Addition RAHMANPARAST, MAHMOOD NAME NAME U00000275408 6065 N.W. 167TH ST, B-23 STREET ADDRESS STREET ADDRESS 03/24/05-80051-022 158,75 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP VΡ THILE Delete TITLE Change ☐ Addition GRAY, MAURICE E. NAME STREET ADDRESS 10220 S.W. 144 CT. STREET ADDRESS CITY-SY-ZIP MIAMI FL CHY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Addition IIILE ☐ Delete Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change TITLE Delete SHE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HHE ☐ Delete Change ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

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indicated on this report or supplemental report is frue and accurate and thaymy 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 frustee employeered 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:

SIGNATURE:

SIGNATURE:

SIGNATURE THE OR PRINTED NAME OF SIGNAD OFFICER OR DIRECTOR

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