2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M30944

Entity Name: PISTORINO & ALAM CONSULTING ENGINEERS, INC.

FILED Feb 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7171 SW 62 AVENUE 7171 SW 62 AVENUE FOURTH FLOOR 4TH FLOOR MIAMI, FL 33143 MIAMI, FL 33143

Current Mailing Address: New Mailing Address:

7171 SW 62 AVENUE 7171 SW 62 AVENUE FOURTH FLOOR 4TH FLOOR MIAMI, FL 33143 MIAMI, FL 33143

FEI Number: 59-2686532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALAM, NASIR P.E.
7171 SW 62 AVENUE
FOURTH FLOOR
MIAMI, FL 33143 US

ALAM, NASIR P.E.
7171 SW 62 AVENUE
4TH FLOOR
MIAMI, FL 33143 US

MIAMI, FL 33143 US

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.

SIGNATURE: 02/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PD () Delete

 Name:
 PISTORINO, JOHN C P E

 Address:
 7171 SW 62 AVENUE, 4TH FLOOR

City-St-Zip: MIAMI, FL 33143

Title: SM () Delete Name: ALAM, NASIR M P E

Address: 7171 SW 62 AVENUE, 4TH FLOOR

City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition

Name: PISTORINO, JOHN C P E

Address: 7171 SW 62 AVENUE, 4TH FLOOR

City-St-Zip: MIAMI, FL 33143

Title: SM (X) Change () Addition

Name: ALAM, NASIR M P E

Address: 7171 SW 62 AVENUE, 4TH FLOOR

City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY WARD ACCT 02/13/2009