2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 18, 2008 08:00 AN **DOCUMENT # M48596** Secretary of State 1. Entity Name ENGINEERING GROUP-ELECTRICAL CORP. Mailing Address Principal Place of Business 7787 S.W. 86 STREET POST OFFICE BOX 143288 APT/# E-406 CORAL GABLES, FL 33114 US MIAMI, FL 33143 02082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2785255 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent SOUSA, JUAN A. DO NOT WRITE 7787 SW 86 ST **APT E-406** IN THIS SPACE MIAMI, FL 33143 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 aigneture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PTD SOUSA, JUAN A. STREET ADDRESS 7787 SW 86 ST APT E 406 CITY-ST-ZIP MIAMI, FL TITLE U000000831086 NAME STREET ADDRESS CITY-ST-ZIP ME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this fitting 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 accordate 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 suppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an addition, with all other like employees.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-2000

186-186992

FILED

Destroe Phone