


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90005 001 ****61.25

DOCUMENT # N07000002974 1. Entity Name F.A.R.A. ENVIRONMENTAL ENGINEERING, INC.					
Principal Place of Business 3990 NW 132ND STREET BAY "K" OPA LOCKA, FL 33054			Mailing Address 3990 NW 132ND STREET BAY "K" OPA LOCKA, FL 33054		
2. Principal Place of Business - No P.O. Box # 14016 S.W. 140 ST		3. Mailing Address 14016 S.W. 140 ST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-8707589	
Zip 33186		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUIG, NOEL R II 782 N.W. LEJEUNE ROAD #428 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name PUIG, NOEL R. Street Address (P.O. Box Number is Not Acceptable) 777 N.W. 72ND AVENUE STE #3033 City MIAMI FL Zip Code 33126			
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 <u><i>Noel R. Puig</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>04/30/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> <small>Trust Fund Contribution.</small>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALMEIDA, REINALDO 3990 NW 132ND STREET BAY "K" OPA LOCKA, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAIMUNE, JUAN C 3990 NW 132ND STREET BAY "K" OPA LOCKA, FL 33054	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, ELIER 3990 NW 132ND STREET BAY "K" OPA LOCKA, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PUIG, NOEL R II 782 NE LEJEUNE ROAD #428 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD. PUIG, NOEL R 777 N.W. 72ND AVENUE STE 3033 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTOS, REINALDO 3990 NW 132ND STREET BAY "K" OPA LOCKA, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORRIOLS, JOE L 3990 NW 132ND STREET BAY "K" OPA LOCKA, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE-PRESIDENT ORRIOLS, JOE L 3990 NW 132ND ST BAY "K" OPA LOCKA, FL 33054
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 617, 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: <u><i>Noel R. Puig</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>04/30/08</u> <small>Daytime Phone #</small>	