2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P00000058259

Entity Name: FLORIDA TESTING ENGINEERING & CONSULTING, INC.

Current Principal Place of Business:

13605 SW 149 AVE.
UNIT # 1
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

13605 SW 149 AVE.
UNIT # 1
MIAMI, FL 33196

New Mailing Address:

FEI Number: 65-1034856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, ANGEL A
14104 SW 163RD STREET
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALVAREZ, ANGEL A
Address: 14104 SW 163RD STREET
City-St-Zip: MIAMI, FL 33177

Title: S ( ) Delete
Name: MORANA, AMILLY
Address: 19729 SW 114 AVE. #151
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete
Name: ALVAREZ, AWILDA
Address: 14104 SW 163RD STREET
City-St-Zip: MIAMI, FL 33177

Title: C ( ) Delete
Name: DROZ-SEDA, RAFAEL E P.E.
Address: 9130 CRESCENT DRIVE
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MYRNA LEE CARMONA OPSM 04/15/2005

Electronic Signature of Signing Officer or Director — Date