



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90004 039 \*\*\*158.75

<b>DOCUMENT # P00000103329</b> 1. Entity Name <b>SHASA ENGINEERING, CORP.</b>																													
Principal Place of Business <b>782 NW 42ND AVE SUITE 328 MIAMI, FL 33126</b>			Mailing Address <b>782 NW 42ND AVE SUITE 328 MIAMI, FL 33126</b>																										
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Suite, Apt. #, etc. <b>13965 SW 10 ST.</b>		Suite, Apt. #, etc. <b>13965 SW 10 ST.</b>		03222004    Chg-P    CR2E034 (10/03)																									
City & State <b>MIAMI FL.</b>		City & State <b>MIAMI FL.</b>		4. FEI Number <b>65-1052192</b>																									
Zip <b>33184</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>THE SOLANO GROUP, P.A. 782 NW LEJEUNE ROAD SUITE 328 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>Israel Corbo</b> Street Address (P.O. Box Number is Not Acceptable) <b>13965 SW 10 ST.</b> City <b>MIAMI</b> FL    Zip Code <b>33184</b>																									
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 <b>Israel Corbo</b> DATE <b>3/24/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DPS</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CORBO, ISRAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13965 SW 10 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33184</td> <td></td> </tr> </table>			TITLE	DPS	<input type="checkbox"/> Delete	NAME	CORBO, ISRAEL		STREET ADDRESS	13965 SW 10 STREET		CITY-ST-ZIP	MIAMI, FL 33184		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 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 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: <b>Israel Corbo</b> DATE: <b>3/24/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													