

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000036189

1. Entity Name
MAQUEIRA ENGINEERING CONSULTANTS, INC.



**FILED
Mar 14, 2008 8:00 am
Secretary of State**

03-14-2008 90041 040 ***150.00

Principal Place of Business 185 SW 72 ST 99 MIAMI, FL 33143	Mailing Address 9423 SW 17 STREET MMIAMI, FL 33165
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2. Principal Place of Business - No P.O. Box # 7487 SW 50th terrace	3. Mailing Address Suite, Apt. #, etc. 2
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City & State Miami, Florida	City & State Zip 33155 Country U.E	Zip Country
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6. Name and Address of Current Registered Agent MAQUEIRA, ROLANDO 9423 SW 17 STREET MMIAMI, FL 33165	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 signature required when remitting)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAQUEIRA, ROLANDO 9423 SW 17 STREET MIAMI, FL 33165	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *KM*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/08 305 669-5595
Date Daytime Phone #