


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90384 014 ***150.00

DOCUMENT # P01000038074 1. Entity Name ENGINEERED SOLUTIONS INTERNATIONAL, INC.					
Principal Place of Business 8232 SW 140TH COURT MIAMI, FL 33183			Mailing Address 8232 SW 140TH COURT MIAMI, FL 33183		
2. Principal Place of Business 2520 NW 97th Ave.		3. Mailing Address 2520 NW 97th Ave.			
Suite, Apt. #, etc. Suite # 230		Suite, Apt. #, etc. Suite # 230			
City & State HPami, FL.		City & State HPami, FL.			
Zip 33172	Country USA	Zip 33172	Country USA	4. FEI Number 65-1104911	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORRO, JORGE E 8232 SW 140TH COURT MIAMI, FL 33183			7. Name and Address of New Registered Agent Name Jorge E. Porro Street Address (P.O. Box Number is Not Acceptable) 2520 NW 97th Ave. Suite # 230 City HPami FL Zip Code 33172		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees 04-29-04	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORRO, JORGE E <input checked="" type="checkbox"/> Delete 8232 SW 140TH COURT MIAMI, FL 33183		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORRO, JORGE E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2520 NW 97th Ave. Suite # 230 HPami, FL. 33172	
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	
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	
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 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: <u><i>Jorge Porro</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Duly Mailed <input type="checkbox"/>					