2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038363

Entity Name: OLIU ENGINEERING, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
6801 NW 77 AVE SUITE 102 MIAMI, FL 331667973 US			12298 NW MEDLEY, F		US		
Current Mailing Address:			New Mailing Address:				
6801 NW 77 AVE SUITE 102 MIAMI, FL 331667973 US			12298 NW 106 CT. MEDLEY, FL 33178 US				
FEI Number: 65-1092717 FEI Number Applied For () FEI Num			nber Not Appli	cable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
OLIU, OCTAVIO J 6801 NW 77 AVE, #102 MIAMI, FL 33166 US				OLIU, OCTAVIO J 12298 NW 106 CT. MEDLEY, FL 33178 US			
The above in the State		Ibmits this statement for the pu	rpose of	f changing it	s registered	d office or registered agent, or both,	
SIGNATURE: OCTAVIO J. OLIU				04/28/2005			
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () COLIU, OCTAVIO & 6801 NW 77 AVE	:, # 102		Title: Name: Address: City-St-Zip:	P OLIU, OCTAV 12298 NW 19 MEDLEY, FL	06 CT.	
Title: Name: Address: City-St-Zip:	S () C CORONADO, SIL 12781 SW 115 A MIAMI, FL 33176	VE.		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () E OLIU, OCTAVIO I 9404 SW 77TH A MIAMI, FL 33156	VE NE, APT #M4		Title: Name: Address: City-St-Zip:	OLIU, OCTAV	TH. AVE #102	
Title: Name: Address: City-St-Zip:	V () C OLIU, ALEXANDE 9946 NW 33 ST. MIAMI, FL 33136	ER J		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	V MARTINEZ, I 12298 NW 1 MEDLEY, FL	06CT.	

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: SILVIA M. CORONADO S 04/28/2005