2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

FILED Apr 23, 2004 08:00 AM **DOCUMENT # P01000052805 Secretary of State** 1. Entity Name PAWAARCHITECTS & ENGINEERS, INC. Principal Place of Business Mailing Address 12940 SW 133 CT 12940 SW 133 CT MIAMI, FL 33186 MIAMI, FL 33186 01202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1107367 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MOGBO, CHUCK P.A. 2800 W OAKLAND PARK BLVD, STE 209 PAKLAND PARK, FL 33311 IN THIS SPACE 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 1 am lamillar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered event and title it applicable (NOTE: Registered Acent signature required when religioning) DATE 9. Election Campaign Financing \$5.00 May Be 100000126797 FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 04/23/04-80049-008 158.75 10. OFFICERS AND DIRECTORS TITLE NAME NWADIKE, EMMANUEL STREET ADDRESS 2238 S MIAMI AVE MIAMI, FL 33129 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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, withpall other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR