

2005 FOR PROFIT CORPORATION

Apr 06, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P01000052805 1. Entity Name PAWA ARCHITECTS & ENGINEERS, INC. Principal Place of Business Mailing Address 12940 SW 133 CT 12940 SW 133 CT MIAMI, FL 33186 MIAMI, FL 33186 CR2E034 (10/03) 03312005 No Chg-P 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 MOGBO, CHUCK P.A. DO NOT WRITE 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 familiar with, and accept the obligations of registered agent. No. of Street, or other Persons of the Persons of t SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE NWADIKE, EMMANUEL NAME STREET ADDRESS 2238 S MIAMI AVE CITY-ST-ZIP MIAMI, FL 33129 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C!TY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 cath; 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED