


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000077316</b>	
1. Entity Name ENGEPEP AMERICA CORP.	

Principal Place of Business 416 COMMERCE WAY SUITE 170 LONGWOOD, FL 32750 US	Mailing Address 416 COMMERCE WAY SUITE 170 LONGWOOD, FL 32750 US
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07032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3737662	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  ANDRADE, ARGEMIRO O 416 COMMERCE WAY SUITE 170 LONGWOOD, FL 32750
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**DO NOT WRITE  
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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDRADE, ARGEMIRO O 416 COMMERCE WAY, SUITE 170 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDRADE, ARIVANY CALDAS O 416 COMMERCE WAY, SUITE 170 LONGWOOD, FL 32750
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07/11/06-80010-004 550.00

**DO NOT WRITE  
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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: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #