


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000082731	
1. Entity Name SHORELINE ENGINEERING, INC.	

Principal Place of Business 2781 SW 56 AVENUE PEMBROKE PARK, FL 33023	Mailing Address 2781 SW 56 AVENUE PEMBROKE PARK, FL 33023
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DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1133694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SANTOS, MAURO C ESQ
25 SE 2 AVENUE SUITE 1235
MIAMI, FL 33131**

**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 _____ DATE _____
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000121227 04/20/04-80042-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYO, JAMES A 1316 NW 127 DRIVE SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, BARRY S 11060 SW 23 STREET DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETANCOURT, S. MICHAEL 10461 SW 16 PLACE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGEE, JOHN R 11050 SW 23 STREET DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *James A. Royo - V.P.* **JAMES A. ROYO - V.P.** 4/15/04 954-985-0460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #