

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 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**



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1133694

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000296285
04/09/05-80062-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROYO, JAMES A
STREET ADDRESS	1316 NW 127 DRIVE
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	D
NAME	REED, BARRY S
STREET ADDRESS	11060 SW 23 STREET
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	D
NAME	BETANCOURT, S. MICHAEL
STREET ADDRESS	10461 SW 16 PLACE
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	D
NAME	MCGEE, JOHN R
STREET ADDRESS	11050 SW 23 STREET
CITY-ST-ZIP	DAVIE, FL 33324
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. ROYO - J.A.R.

4/6/05

Date

954-985-0460

Daytime Phone #