


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90080 027 ***158.75

DOCUMENT # P01000089166 1. Entity Name CONNECTICUT ENGINEERING, INC.					
Principal Place of Business 290 NW 32 AVENUE MIAMI, FL 33125			Mailing Address 290 NW 32 AVENUE MIAMI, FL 33125		
2. Principal Place of Business - No P.O. Box # 1770 WEST, 40 STREET Suite, Apt. #, etc. BAY #4		3. Mailing Address 1770 WEST, 40 STREET Suite, Apt. #, etc. BAY #4			
City & State HALEAH, FL.		City & State HALEAH, FL			
Zip 33012	Country USA	Zip 33012	Country USA	4. FEI Number 65-1138722	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JIMENEZ, JOSEPH A 290 NW 32 AVENUE MIAMI, FL 33125 <div style="text-align: center;">(CHANGE OF ADDRESS) →</div>			7. Name and Address of New Registered Agent Name JIMENEZ, JOSEPH A. Street Address (P.O. Box Number is Not Acceptable) 1032 SW. 79 AVENUE City MIAMI FL Zip Code 33144		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JIMENEZ, JOSEPH A 290 NW 32 AVENUE MIAMI, FL 33125 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 01/16/08 Daytime Phone # (305) 389-9462		