2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 03, 2008 08:00 All Secretary of State DOCUMENT # P01000110151 AMERICAN ENGINEERING GROUP, INC. Mailing Address Principal Place of Business 7780 S.W. 66TH STREET 7780 S.W. 66TH STREET MIAMI, FL 33143 MIAMI, FL 33143 CR2E034 (11/05) 04012008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1154644 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE AROSEMENA, RAMON 7780.S.W. 66TH STREET MIAMI, FL 33143 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000879575 TC78618A8561 OFFICERS AND DIRECTORS 10. TITLE AROSEMENA, RAMON NAME 7780 S.W. 66TH STREET STREET ADDRESS MIAMI, FL 33143 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier entail 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #