APPLICATION FOR

FLORIDA DEPARTMENT.OF STATE Katherine Harris Secretary of State
DIVISION OF CORPORATIONS

								FA		
DOCUMENT # P01000114866 1. Corporation Name							03 FEB 24 AM 8: 16			
Engineered Technological Solutions, Inc.						1 20 E4 AM 8: 16				
							TALLAHASSEE, FLORIDA			
Deinsinal Planing During							I ACLAMASSEE,	.FĽÓ	Rio.	
Principal Place of Business Mailing Address									·········	
							3. Date Incorporated or Qualified	d 3a. l	Date of Last Report	
							12/4/2001			
2. Principal Place of	2a. Mailing Address					4. FEI Number		Applied For		
21 17708 SW 14 Suite, Apt. #, etc.	26 17708 SW 146th Court					(05/15/150)	2	Not Applicable		
22	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional				
City & State	27 City & State							Fee Required		
23 Miami FL	28 Miami FL					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Zip	County	County			8. This corporation has liability for intangible tax under				
24 33177 25 Miami-Dade		29 33177			ni-Dade		s. 199.032, Florida Statutes Yes No			
9. Name and Address of Current Registered Agent						10. N	Name and Address of New Registered Agent			
				81		0.2				
John Alicea 17708 SW 146th Court				John Alicea 82 Street Address (P.O. Box Number is Not Acceptable)						
Miami, FL 33177				17708 SW 146th Court						
				83						
		7		84 City 85 Zip Code				Code		
11. Pursuant to the provisions of Sections 607 1509. Florida Science di					Miami	FL 33177				
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									g its registered office intment as registered	
SIGNATURE	iorida S	tatut	es.		2-2	1	13			
Signature, typed or printed name of registered agent and title if applicable.					(NOTE: Registered Agent signature required when reinstating) DATE					
TITLE	OFFICERS AND DIRE		13.			TIONS	S/CHANGES TO OFFICERS AND			
NAME	Director John Alicea	☐ DELETE		TITLE NAM!				∐ Cł	hange Addition	
STREET ADDRESS	DRESS 17708 SW 146 TH COURT		1.3 STREET ADDRESS			10001409	12			
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14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on anathment with an address.

SIGNATURE

John Alicea, Director TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Engineered Technological Solutions, Inc.

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. 300.00 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:

Name: -

Title:

Date: 2-21-03