
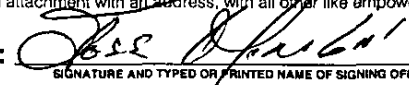


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000116700 1. Entity Name MIRABAL ENGINEER CONTRACTOR, INC.						<div style="transform: rotate(-15deg);"> FILED 05 AUG 25 PM 12:33 TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 19998 SW 380TH ST HOMESTEAD, FL 33034				Mailing Address 19998 SW 380TH ST HOMESTEAD, FL 33034			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-1158027				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 MIRABAL, JOSE 19998 SW 380TH ST HOMESTEAD, FL 33034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 reinstating) DATE</small>							
Amended AR is \$61.25				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	P MIRABAL, JOSE 19998 SW 380TH ST HOMESTEAD, FL 33034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300059178333 08/31/05--01041--001 **\$61.25 300059178333 08/31/05--01041--002 **\$6.79		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIRABEL, TOMAS 11240 SW 203 ST. MIAMI, FL 33189	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP 08/31/05--01041--002 **\$6.79 RAMON MARTINEZ 5850 SW 45 TERR.-MIAMI FL 33155		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANSO, JESUS 6534 SW 38 ST. MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, MARIALY 19998 SW 380TH ST. HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition CO. Williams AUG 25 2005		
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: 				8-22-05 Date Daytime Phone #			