

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019872

FILED
Feb 04, 2006
Secretary of State

Entity Name: FIGUERAS RIESEN ENGINEERING, INC.

Current Principal Place of Business:

780 FLORIDA CENTRAL PKWY., STE. 312
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

780 FLORIDA CENTRAL PKWY., STE. 312
LONGWOOD, FL 32750

New Mailing Address:

1298 MINNESOTA AVNUE
SUITE D
WINTER PARK, FL 32789

FEI Number: 03-0415945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERTOT, CECILE F
1853 OAKBROOK DRIVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERTOT, CECILE F
Address: 1853 OAKBROOK DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: O () Delete
Name: RIESEN, ROBERT A
Address: 862 GAZELLE TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECILE F. BERTOT

PRES

02/04/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date