## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P02000023927** 02-06-2006 90053 014 \*\*\*150.00 SILVERADO ENGINEERING CONSULTING, INC. Principal Place of Business Mailing Address 12277 S.W. 55TH STREET, SUITE 903 12277 S.W. 55TH STREET, SUITE 903 COOPER CITY, FL 33330 COOPER CITY, FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E034 (11/05) 02012006 Chg-P City & State City & State 4. FEI Number Applied For 02-0560725 Not Applicable Zin Country Country Ziο \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOMEZ, LUIS ANGEL ANGEL GOMEZ, LUIS Street Address (P.O. Box Number is Not Acceptable) 6330 FARRAGUT, ST. 41 MATADOR LANE **DAVIE, FL 33324** City HOLLYWOOD , FL. 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 # applicable. (NOTE: Registered Agent algosture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PSTD PSTD Addition XX Detete TITLE XXX Change TITLE SCHROEDER, BLANCA D NAME NAME GOMEZ, LUIS ANGEL STREET ADDRESS 14269 NW 19TH ST STREET ADDRESS 6330 FARRAGUT ST. PEMBROKE PINES, FL 33028 CITY-ST-7IP CITY-ST-7IP HOLLYWOOD, FL. 33024 ☐ Detete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-S1-209 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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: LUIS ANGEL <u>01-31-06 954 434 0465</u>

FILED

Feb 06, 2006 8:00 am