

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000027415

**FILED**  
**Oct 19, 2005**  
**Secretary of State**

**Entity Name:** HOTEL & ENGINEERING CONSULTING AND ASSOCIATES, INC.

**Current Principal Place of Business:**

9894 SOUTHWEST 125TH TERRACE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

9894 SOUTHWEST 125TH TERRACE  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 04-3621947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** ALFONSO DURO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD ( ) Delete  
**Name:** DURO, ALFONSO  
**Address:** 9894 SOUTHWEST 125TH TERRACE  
**City-St-Zip:** MIAMI, FL 33176

**Title:** V ( ) Delete  
**Name:** SANCHEZ, CARMEN  
**Address:** 9894 SOUTHWEST 125TH TERRACE  
**City-St-Zip:** MIAMI, FL 33176

**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 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 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:** ALFONSO DURO

Electronic Signature of Signing Officer or Director

PSTD

10/19/2005

Date