2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000073783

1. Entity Name

STREET ADDRESS

SIGNATURE:

SIGNATURE

CITY-ST-ZIP

ABM ENGINEERING, INC

			1				
Principal Plac	e of Business	Mailing Address					
2851 NE 183RD STREET		2851 NE 183RD STREET					
#2016E	ACH FL 33160	#2016E N MIAMI BEACH FL 3	23160				
IN IVIIAIVII OL	23100	N MIAMI BLACH FE 3	33160		(1200) DOLLAR CONTRACTOR SERVICES OF SERVICES AND LABOR LABOR AND AN AREA		
2. Principal F	Place of Business	3. Mailing Address					
					1		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	MOORE CR2E034 (11/03)		
					MOSILE SILESOF (11795)		
City & State		City & State			4. FEI Number 01-0735538 Applied For		
Zip Country		Zip Country			Tvot Applicable		
					5. Certificate of Status Desired \$8.75 Additional Fee Required		
_ •	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
			Name				
MEDVED, ALEX			Stroot	Street Address (P.O. Box Number is Not Acceptable)			
	1 NE 183RD ST		Street Address (F		.O. box number is not Acceptable)		
#2016E N MIAMI BEACH FL 33160					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
14 14	MANUEL STOO		City		□ Zip Code		
					rl i		
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registered office	or registered	d agent, or both, in the State of Florida. I am familiar with, and accept		
the obligat	iona or registeres agent.						
SIGNATURE							
Participate from pour bolicons and	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent sig-	ature required wh	vhen reinstating) DATE		
FILE NOW!!! FEE IS \$150.00					9. Election Campaign Financing \$5.00 May Be		
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND	(8) Tuper(8) (8)	T-22				
TITLE	P OFFICERS AND	Delete	11. TITLE]	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	MEDVED, ALEX	Delete	NAME		☐ Change ☐ Addition		
	2851 NE 183RD ST #2016E		STREET ADDRES	;			
CITY-ST-ZIP	N MIAMI BEACH FL 33160		CITY-ST-ZIP		1		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME	MEDVED, BRONYA		NAME				
STREET ADDRESS	2851 NE 183RD ST #2016E		STREET ADDRESS	i	•		
CITY-ST-ZIP	N MIAMI BEACH FL 33160		CITY-ST-ZIP	`			
TITLE		☐ Delete	TITLE		Change Addition		
NAME	~		NAME	-	,		
STREET ADDRESS			STREET ADDRESS	3			
CITY-ST-ZIP			CITY-ST-ZIP		M		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	~		STREET ADDRES: CITY-ST-ZIP	·			
		F71		-			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	1		CITY-ST-ZIP	1			
TITLE		☐ Delete	TITLE	1	☐ Change ☐ Addition		
NAME	1	L' Delete	NAME	1			

STREET ADDRESS

CITY-ST-ZIP

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 of the 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 employeered 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 impowered.

MUMB OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90397 029 ***150.00

04:26.04 (305)918-8924