## 2006 FOR PROFIT CORPORATION

## ANNUAL REPORT

changed, or on an attach

**SIGNATURE** 

ent with an address, with all other like empowered

TYPED OR PRINTED NAME OF SIGNING OFFICER OR

02-02-2006 90090 001 \*\*\*600.00 DOCUMENT # P02000106345 **GUERRERO ENGINEERING, INC.** 66000590 Principal Place of Business Mailing Address 2450 SW 137TH AVENUE **2450 SW 137TH AVENUE** SUITE 234 SUITE 234 MIAMI, FL 33175 MIAMI, FL 33175 3. Mailing Address 1200 Brickell AVE 2. Principal Place of Business 1200 Brickell Suite, Apt. #, etc. Ste 860 Suite, Apt. #, etc.
Ste. 860 01042006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For PL 52-2401796 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33131 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOPEZ, PETER M ESQ. Street Address (P.O. Box Number **2450 SW 137TH AVENUE** SUITE 234 MIAMI, FL 33175 Ste 860 Miami 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$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 10. OFFICERS AND DIRECTORS 11. TITLE n ☐ Delete TITLE Change . ■ Addition guerrero, Freddy A. 1200 Brickell Ave, Ste 860 GUERRERO, FREDDY A NAME NAME STREET ADDRESS 2450 SW 137TH AVENUE STREET ADDRESS Miami, FL 33131 CITY ST 70P CITY-ST-7IP MIAMI, FL 33175 TITLE Delete TITLE 🔀 Change ☐ Addition Leon maritza V. 1200 Brickell Ave., Ste 860 NAME LEON, MARITZA V + NAME STREET ADDRESS 2450 SW 137TH AVENUE STREET ADDRESS MIAMI, FL 33175 CITY-S1-ZIP miani, FL 33131 CITY ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP HILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZII TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP 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 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

FILED Feb 02, 2006 8:00 am

Secretary of State

Daytime Phone #