


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000121918 1. Entity Name ENGINEERINGSERVICES-USA, INC.	
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Principal Place of Business 2510 NW 97 AVE 140 MIAMI, FL 33172	Mailing Address 2510 NW 97 AVE 140 MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



06132006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4221322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PANIZO, ALFONSO J 2510 NW 97 AVE, STE 140 MIAMI, FL 33172	DO NOT WRITE IN THIS SPACE
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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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANZO, ALFONSO J 2510 NW 97TH AVE STE 140 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYERCHI, RICARDO R 2510 NW 97 AVE STE 140 MIAMI, FL 33172
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06/22/06-80004-004-150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **6/3/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #