

04-28-2004 90204 026 ***163.75

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> P03000042578 1. Entity Name RES ENGINEERING, INC.			<h1 style="margin: 0;">Secretary of State</h1> <p style="font-size: small; margin: 0;">04-28-2004 90204 026 ***163.75</p>	
Principal Place of Business 20464 SW 5TH STREET PEMBROKE PINES, FL 33029		Mailing Address 20464 SW 5TH STREET PEMBROKE PINES, FL 33029		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Country		4. FEI Number 05-0571566
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 <input type="checkbox"/>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
ROBERTS, INI T MR. 20464 SW 5TH STREET PEMBROKE PINES, FL 33029		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		FL		Zip Code
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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	INI T. ROBERTS <input type="checkbox"/> Delete			
NAME	DIRECTOR			
STREET ADDRESS	20464 SW 5 STREET			
CITY-ST-ZIP	PEMBROKE PINES, FL 33029			
TITLE	VICE PRESIDENT <input type="checkbox"/> Delete			
NAME	EKAETE ROBERTS			
STREET ADDRESS	20464 SW 5 STREET			
CITY-ST-ZIP	PEMBROKE PINES, FL 33029			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
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)(j), 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: [Signature] INI T. ROBERTS

Date 4/23/04 **Daytime Phone #** (954) 683-328