



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90357 041 ***158.75

DOCUMENT # P03000050713 1. Entity Name ASSOCIATED ENGINEERS AND SURVEYORS DESIGN GROUP, INC.					
Principal Place of Business 4801 S UNIVERSITY DR STE 241 DAVIE, FL 33328			Mailing Address 4801 S UNIVERSITY DR STE 241 DAVIE, FL 33328		
2. Principal Place of Business Suite, Apt. #, etc. STE 267 City & State 		3. Mailing Address Suite, Apt. #, etc. STE 267 City & State 			
Zip 		Country 		04212004 Chg-P CR2E034 (10/03)	
4. FEI Number 36-4529521				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GRIMONPONT-AGUIRRE, AGNES M 9921 NW 2ND ST PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9710 SW 57 STREET City COOPER CITY FL Zip Code 33328	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUIRRE, XAVIER F 9921 NW 2ND ST PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9710 SW 57 STREET COOPER CITY FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GRIMONPONT-AGUIRRE, AGNES M 9921 NW 2ND ST PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRIMONPONT-AGUIRRE, AGNES M 9710 SW 57 STREET COOPER CITY FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AGUIRRE, FRANCISO A 4541 NW 12TH AVE FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9710 SW 57 STREET COOPER CITY FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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)(i), 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: <u>Agnes M. Grimonpont-Aguirre</u> AGNES M. GRIMONPONT-AGUIRRE 4/21/04 954-331-4798 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					