

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000056136

1. Entity Name  
ENGINEERING AND SYSTEMS OF U.S.A., INC.



Principal Place of Business

% CARLOS ANDRES HERNANDEZ-VASQUEZ  
8505 S.W. 48TH STREET  
MIAMI, FL 33155

Mailing Address

% CARLOS ANDRES HERNANDEZ-VASQUEZ  
8505 S.W. 48TH STREET  
MIAMI, FL 33155



**DO NOT WRITE IN THIS SPACE**

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number  
20-1312914

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUDO, MARCELO M ESQ  
2333 PONCE DE LEON BOULEVARD., SUITE 1120  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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

*Carlos Hernandez-Vasquez* *EPH* *mm*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/21/05* *EPH* *mm*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
HERNANDEZ-VAZQUEZ, CARLOS  
8505 S.W. 48TH STREET  
MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
MUNDER, ARTURO A  
8505 S.W. 48TH STREET  
MIAMI, FL 33155

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

**DO NOT WRITE  
IN THIS SPACE**

000000340581  
04/28/05-80122-025 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Arturo A Munder*

Date

Daytime Phone #

*4/21/05* *305-220-0870*