HURRICANE WilmA

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000056136

1. Entity Name

ENGINEERING AND SYSTEMS OF U.S.A., INC.



Principal Place of Business

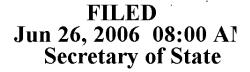
% CARLOS ANDRES HERNANDEZ-VASQUEZ 8505 S.W. 48TH STREET

MIAMI, FL 33155

Mailing Address

% CARLOS ANDRES HERNANDEZ-VASQUEZ 8505 S.W. 48TH STREET

MIAMI, FL 33155



U00000567634 06/26/06-80004-019 150.00



06162006

No Chg-P

CR2E034 (11/05)

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

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CORAL GABLES, FL 33134			IN:	THIS SPACE			
The above named entity submits this statement for the obligations of registered agent.	e purpose of changing its registe	red office or r	egistered agent, or bo	oth, in the State of Florida. I am	familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere			e required when reinstating)	DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	٠, ٠			
10. OFFICERS AND DIF	RECTORS	中的原理	CHECK HEADS	医含料型以外的	化等证代别的		
TITLE PSD NAME HERNANDEZ-VAZQUEZ, CARLOS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155							
NAME MUNDER, ARTURO A STREET ADDRESS 8505 S.W. 48TH STREET CITY-ST-ZIP MIAMI, FL 33155	, .,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRIT			
TITLE NAME STREET ADDRESS CITY- ST-ZIP				THIS:SPACE			
TITLE NAME STREET ADDRESS CITY-S7-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this	,						

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:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/06 305-724-5097

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