


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90010 006 ***150.00

DOCUMENT # P03000056136

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



Principal Place of Business Mailing Address

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1917 S.W. 107 AVE **SAME**

Suite, Apt #, etc Suite, Apt #, etc

704

City & State City & State

MIAMI FL **FL**

Zip Country

33165 **DADE**

40038840



01182007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-1312914 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AGUDO, MARCELO M ESQ 2333 PONCE DE LEON BOULEVARD., SUITE 1120 CORAL GABLES, FL 33134		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.

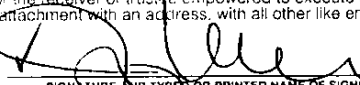
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$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	PSD HERNANDEZ-VAZQUEZ, CARLOS 8505 S.W. 48TH STREET MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MUNDER, ARTURO A 8505 S.W. 48TH STREET MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Date: **Mar 16/2007** Daytime Phone #: **386-3768608**