


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90029 048 ***150.00

DOCUMENT # P03000060132	
1. Entity Name COLIBRI ENGINEERING, INC.	

Principal Place of Business 8865 SPRING VALLEY DR. BOYNTON BEACH, FL 33437	Mailing Address P.O. BOX 740971 BOYNTON BEACH, FL 33474
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03262008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 800 Via Lugano Circle Suite, Apt. #, etc. Apt. 107	3. Mailing Address PO Box 740971 Suite, Apt. #, etc.
City & State Boynton Beach - FL	City & State Boynton Beach, FL
Zip 33436	Country USA
Zip 33474	Country USA

4. FEI Number 11-3691152	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, ROBERT E 8865 SPRING VALLEY DR. BOYNTON BEACH, FL 33437	
<i>Robert E. Brown</i>	

7. Name and Address of New Registered Agent	
Name Brown, Robert E.	
Street Address (P.O. Box Number is Not Acceptable)	
800 Via Lugano Circle Apt. 107	
City	Zip Code
Boynton Beach	FL 33436

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 *Robert E. Brown* **3/26/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, ROBERT E 8865 SPRING VALLEY DR. BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert E. Brown 800 Via Lugano Circle, Apt. 107 Boynton Beach, FL - 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Robert E. Brown* **3/26/08** **5617353891**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #