2006 FOR PROFIT CORPORATION

FILED Apr 19, 2006 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # P03000071624 04-19-2006 90101 032 ***150.00 ID INTERNATIONAL ENGINEERING, INC. Principal Place of Business 🔒 🎎 🕯 1 Mailing Address 13337 SW 88 AVE STE 201. MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 57-1177369 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DURAN, ALFREDO G Street Address (P.O. Box Number is Not Acceptable) 2601 S BAYSHORE DR S-1400 MIAMI, FL 33133 Zip Code City FL 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 SIGNATORES Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE Delete TITLE ☐ Change ☐ Addition HUMBERTO DE MONTE, DANIEL NAME NAME STREET ADDRESS 13337 SW 88TH AVE STE 201 STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-ZIP VSTD TITLE ☐ Delete TITLE □ Change ■ Addition NAME DE MONTE, MARCOS ANDRES NAME STREET ADDRESS 13337 SW 88 AVE. -5-201 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP TITLE **X** Delete TITLE ☐ Change ☐ Addition DE MONTE, MARCOS A MAME NAME 13337 SW 88 AVE. -5-201 STREET ADDRESS STREET ADDRESS MIAMJ/FL 33176 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT) F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADORESS STREET ADDRESS

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/oy/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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DE MONTE MARCOS A TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR