# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 12, 2007 8:00 am**
**Secretary of State**
01-16-2007 90193 004 ***150.00

DOCUMENT # P03000098398

1. Entity Name
UNITEC MAPPING AND SURVEYING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6157 NW 167TH STREET<br>SUITE F 15<br>MIAMI LAKES, FL 33015 | 6157 NW 167TH STREET<br>SUITE F 15<br>MIAMI LAKES, FL 33015 |

01032007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 6187 NW 167 ST | 6187 NW 167 ST |
| Suite, Apt. #, etc.: SUITE H-5 | Suite, Apt. #, etc.: SUITE H-5 |
| City & State: MIAMI, FL. | City & State: MIAMI, FL |
| Zip: 33015 Country: USA | Zip: 33015 Country: USA |

4. FEI Number: 51-0482380 ☐ Applied For ☐ 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 |
|---|---|
| ALONSO, LAZARO D<br>6157 NW 167TH STREET<br>SUITE F 15<br>MIAMI LAKES, FL 33015 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: Lazaro D. Alonso, President JAN. 09, 2007
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, 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 | PD<br>ALONSO, LAZARO D<br>6157 NW 167TH, STE #F 15 STREET<br>MIAMI LAKES, FL 33015 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ALONSO, MAYRA<br>6157 NW 167TH STREET, STE #F 15<br>MIAMI LAKES, FL 33015 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ 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:** Lazaro D. Alonso FEB. 07 2007 (305) 512-4940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #