

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90205 030 ***158.75

DOCUMENT # P03000135248

1. Entity Name
DEEP MIXING GEOTECHNICAL ENGINEERING, INC.



Principal Place of Business
**2944 SW 11TH STREET
MIAMI, FL 33135**

Mailing Address
**2944 SW 11TH STREET
MIAMI, FL 33135**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 82-0804
Suite, Apt. #, etc.

City & State
South Florida, Fl.

Zip
33082

Country

04022004 Chg-P CR2E034 (10/03)

4. FEI Number
33-1077362

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**VALDES-PERZ, BARBARA A
7910 WEST 25TH AVE.
HIALEAH, FL 33016**

7. Name and Address of New Registered Agent
Name
Valdes-Perez, Barbara A.
Street Address (P.O. Box Number is Not Acceptable)
2944 SW 11 Street
City
Miami, FL Zip Code
33135

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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 DELGADO, ERNESTO 7910 WEST 25TH AVE. HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Delgado, Ernesto 2944 SW 11 Street Miami, Fl 33135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALDES-PEREZ, BARBARA A 7910 WEST 25TH AVE. HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Presid. & Director Valdes-Perez, Barbara A. 2944 SW 11 Street Miami, Fl. 33135 <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
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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara A. Valdes-Perez 4/15/04 (305) 525-9279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #