2005 FOR PROFIT CORPORATION

FILED Mar 17, 2005 8:00 am

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DOCUMENT # P0400086381 1. Entity Name ENGINEERING SOLUTIONSU.S.A., INC.							03-17-2005 90019 018 ***150.00				
Principal Place	e of Business	M	lailing Address			1					
1163 NE 87TH ST			1163 NE 87TH ST								
			MIAMI, FL 33138								
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2. Principal Place of Business			3. Mailing Address				1 884 111 11 111	. 1			
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
Suite, Apt. #, etc.							01162005	Chg-P	CR2EC	34 (10/03)	
City & State	e		City & State				4, FEI Numbe	er	-	Ap	plied For
2, & older							36-4557248 Not Applicable				t Applicable
Zip	Countr	·у	Zip	Coun	try		E Cartificate	of Status Desired		\$8.75 Add	itional
							5. Certificate	or Status Desired	L.J	Fee Required	<u>i</u>
	6. Name and Add	iress of Current Regis	stered Agent				7. Name and	Address of New	Registered	Agent	
040050	00514				Name						
BASDEO,	87TH STREET				Street Ad	idress (i	P.O. Box Numbe	r is Not Acceptab	le)		
MIAMI, FL			_								
•											-
		•			City	***************************************			FL	Zip Code	9
0 7		45						h : 45 - 01-1 15			
	named entity submits ions of registered age:		purpose of changing its r	egistere	ea office of	register	ea agent, or bot	n, in the State of F	iorida. I am	tamiliar with,	and accept
SIGNATURE.	Signature hand or driving on	ime of registered agent and title									
i				Denistera	d Anent cionatu	re required	whee reinstation)		DATE		
 		The tate of the control of the contr	e d applicable. (NOTE	Registere	d Agent signatu	re required	when reinstating)		DATE		
FIL			9. Election Campai	gn Finar	ncing	<u> </u>	00 May Be	-i.	DATE		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #