

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90058 008 \*\*\*150.00

<b>DOCUMENT # P04000097413</b> 1. Entity Name <b>CONSULTING ENGINEERS OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>192 N.E. 168TH STREET</b> <b>NORTH MIAMI BEACH, FL 33162 US</b>				Mailing Address <b>192 N.E. 168TH STREET</b> <b>NORTH MIAMI BEACH, FL 33162 US</b>	
2. Principal Place of Business <b>192 N.E. 168TH ST.</b>		3. Mailing Address <b>192 N.E. 168TH ST.</b>			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____		01142005 Chg-P CR2E034 (10/03)	
City & State <b>NORTH MIAMI BEACH, FL.</b>		City & State <b>NORTH MIAMI BEACH, FL.</b>		4. FEI Number <b>201298139</b>	
Zip <b>33162</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GOPMAN, HERBERT L</b> <b>192 N.E. 168TH STREET</b> <b>NORTH MIAMI BEACH, FL 33162</b>				7. Name and Address of New Registered Agent <b>N/A</b>	
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.				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TATIANA, DYMERETS 17555 COLLINS AVENUE APT 1102 SUNNY ISLES BEACH, FL 33160			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROSBY, EUGENE R 7380 NW 51ST STREET COCNUT CREEK, FL 33073			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T GOPMAN, HERBERT L 709 E DILIDO DRIVE MIAMI BEACH, FL 33139			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
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: <u>Herbert L. Gopman</u> <b>HERBERT L. GOPMAN</b> 2/9/05 305 493-3819 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					