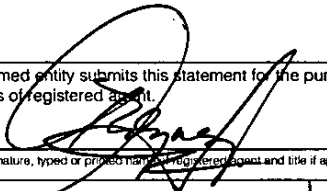
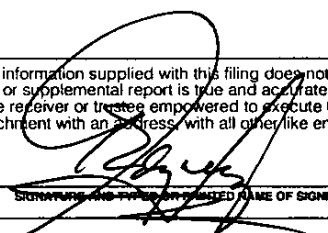


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90009 006 ***158.75

DOCUMENT # P04000141065 1. Entity Name ARPE ENGINEERING INC			
Principal Place of Business 7820 NW 7 ST - STE 102 PEMBROKE PINES, FL 33024-5178		Mailing Address 7820 NW 7 ST - STE 102 PEMBROKE PINES, FL 33024-5178	
2. Principal Place of Business 4155 S.W. 130 AVENUE		3. Mailing Address 6032 S.W. 164 COURT	
Suite, Apt. #, etc. ZOB		Suite, Apt. #, etc. 	
City & State MiAmi FLORIDA		City & State MiAmi, FLORIDA	
Zip 33175-3405		Zip 33193-5737	
Country USA		Country USA	
4. FEI Number 20-1723294		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, AMARILIS 7820 NW 7 ST - STE 102 PEMBROKE PINES, FL 33024-5178		7. Name and Address of New Registered Agent Name RODRIGUEZ, AMARILIS Street Address (P.O. Box Number is Not Acceptable) 6032 S.W. 164 COURT City MiAmi FL Zip Code 33193-5737	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 05/19/05	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RODRIGUEZ, AMARILIS 7820 NW 7 ST - STE 102 PEMBROKE PINES, FL 330245178 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RODRIGUEZ, AMARILIS 6032 S.W. 164 COURT MiAmi, FLORIDA 33193-5737 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 05/19/05 (305) 4080975 Daytime Phone #	

20059301



05192005 Chg-P CR2E034 (10/03)