2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State
05-23-2005 90009 006 ***158.75

20059301

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1. Entity Name
ARPE ENGINEERING INC

Principal Place of Business	Mailing Address
7820 NW 7 ST - STE 102 PEMBROKE PINES, FL 33024-5178	7820 NW 7 ST - STE 102 PEMBROKE PINES, FL 33024-5178

05192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4155 S.W. 130 AVENUE	6032 S.W. 164 COURT
Suite, Apt. #, etc. 208	Suite, Apt. #, etc.
City & State MIAMI FLORIDA	City & State MIAMI, FLORIDA
Zip 33175-3405 Country USA	Zip 33193-5737 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] 05/19/05
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
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
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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] 05/19/05 (305)4080975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #