

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90032 034 ***150.00

DOCUMENT # P05000061054					
1. Entity Name EHC STRUCTURAL DESIGNER INC.					
Principal Place of Business 7001 W 35 AVE UNIT 149 HIALEAH, FL 33018			Mailing Address 7001 W 35 AVE UNIT 149 HIALEAH, FL 33018		
2. Principal Place of Business - No P.O. Box # 5483 SW 143rd Ct		3. Mailing Address 5483 SW 143rd Ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 20-2771278	
Zip 33175		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HERNANDEZ, EDUARDO R 7001 W 35 AVE UNIT 149 5483 SW 143rd Ct HIALEAH, FL 33018 MIAMI FL 33175			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD	NAME HERNANDEZ, EDUARDO		TITLE PD	NAME HERNANDEZ, EDUARDO	
STREET ADDRESS 7001 W 35 AVE UNIT 149	CITY - ST - ZIP HIALEAH, FL 33018		STREET ADDRESS 5483 SW 143rd Ct	CITY - ST - ZIP MIAMI FL 33175	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			08/20/2007		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		