

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90022 029 ***150.00

DOCUMENT # P05000123048	
1. Entity Name EASTERN ENGINEERING GROUP COMPANY	

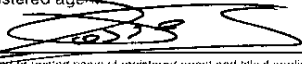
Principal Place of Business 2000 NW 89 PLACE STE 102 MIAMI, FL 33172	Mailing Address 2000 NW 89 PLACE STE 102 MIAMI, FL 33172
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2. Principal Place of Business - No P.O. Box # 3403 NW 82nd Avenue	3. Mailing Address 3403 NW 82nd Avenue
Suite, Apt. #, etc. 320 B	Suite, Apt. #, etc. 320 B
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33122	Country U.S.

	
01212008	Chg-P CR2E034 (12/06)
4. FEI Number 61-149216	Applied For <input type="checkbox"/> No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TORRES, FERNANDO 14973 SW 22ND STREET MIAMI, FL 33185	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not Acceptable) City FL Zip Code
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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.

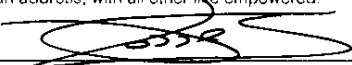
SIGNATURE:  DATE: **1/22/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D LOPEZ, RAISSA R 14973 SW 22ND STREET MIAMI, FL 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D TORRES, FERNANDO 14973 SW 22ND STREET MIAMI, FL 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **1/22/08** (305) 599-8133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR