2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE: X

FILED **DOCUMENT # P05000136706** 1. Entity Name 2007 MAY 11 PM 5: 06 GEMA ENGINEERING DESIGN, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 22945 SW 113 PL 22945 SW 113 PL MIAMI, FL 33170 MIAMI, FL 33170 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 05042007 CR2E034 (12/06) City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LORENZO, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 13032 SW 5TH STREET MIAMI, FL 33184-1216 City Zip Code FL 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 rainstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P.D. TITLE Change ☐ Addition TITLE ☐ Delete NAME CASTILLO, GISELLE NAME 800**1**03613298 05/31/07--01036--011 22945 SW 113 PL STREET ADDRESS STREET ADDRESS -**81.25 CITY-ST-ZIP MIAMI, FL 33170 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition CASTILLO, GISELLE NAME NAME STREET ADDRESS 2620 NE 41ST CIRCLE STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 330335170 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete CASTILLO, GISELLE NAME NAME 22945 SW 113 PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33170 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change X Addition RODRIGUEZ, ROBERTO 22945 SW 113TH PL NAME NAME STREET ADDRESS STREET ADDRESS MIAMI, FL 33170 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Detete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

CER OR DIRECTOR

517av

(305) 300- 6585