

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90054 045 \*\*\*550.00

**DOCUMENT # P06000006416**

1. Entity Name  
**NIGHTCLUB ENGINEER INC.**



Principal Place of Business

**7340 UNIVERSAL BLVD. Transposed**  
**ORLANDO, FL 32819 - should be**  
**7430**

Mailing Address

**7340 UNIVERSAL BLVD.**  
**ORLANDO, FL 32819**

2. Principal Place of Business - No P.O. Box #

**7430 Universal Blvd**

3. Mailing Address

**7430 Universal Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07242007

Chg-P

CR2E034 (12/06)

4. FEI Number

**01-0854109**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fees Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, RICARDO M MR.**  
**7552 UNIVERSAL BLVD.**  
**ORLANDO, FL 32819**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **RODRIGUEZ, RICARDO M MR.**  
STREET ADDRESS **7552 UNIVERSAL BLVD.**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **SEC** ☐ Delete  
NAME **WILSON, MICHAEL A MR.**  
STREET ADDRESS **3644 TRAPIDE ST**  
CITY-ST-ZIP **WILSONVILLE, FL 34746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7430 Universal Blvd**  
CITY-ST-ZIP **Orlando FL 32819**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ricardo Rodriguez**

**July 27, 07 407-394-841**

Date

Daytime Phone #