## -2007-FOR PROFIT CORPORATION ANNUAL REPORT (AG)

## **FILED** Apr 30, 2007 8:00 am Secretary of State

AME SIRET ADDRESS CITY-ST-ZIP  TITLE MAME SIRET ADDRESS CITY-ST-ZIP  T	1. Entity Name	MENT # P0600006862 BENGINEERING MANAGEM	•	:			04-04-200	7 90183 02	27 ***15	50.00
Suite April Place of Business - No P.O. Box   Suite April   Suite Apri	4982 SHAKE UNIT 201	ER HEIGHTS COURT	4982 SHAKER HEIGHTS COURT UNIT 201					099 UWUU		5 
City & Statio  Country  S. Countr	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address			1			, -	
Zo   Country   Zo   Country   Zo   Country   S. Coulticate of Status Dosined   \$8.75 Academics   Fee Regulated   See Regulated   See Regulated   Fee Regulat	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			.15	t MOORE	CR2E034	(10/06)	
See Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  KORN, TYLER B ESQ S811 PELICAN BAY BLVD. SUITE 209 NAPLES FL 34108  8. The above named entity submits this statement for the purpose of changing list registered agent, or both, in the State of Florida. It am familiar with, and according to the change of registered agent, or both, in the State of Florida. It am familiar with, and according to the change of registered agent, or both, in the State of Florida. It am familiar with, and according to the change of registered agent, or both, in the State of Florida. It am familiar with, and according to the change of registered agent, or both, in the State of Florida. It am familiar with, and according to the change of registered agent, or both, in the State of Florida. It am familiar with, and according to the florida between registered agent, or both, in the State of Florida. It am familiar with, and according to the florida between registered agent, or both, in the State of Florida. It am familiar with, and according to the florida between registered agent, or both, in the State of Florida. It am familiar with, and according to the florida between registered agent, or both, in the State of Florida. It am familiar with, and according to the florida between registered agent, or both, in the State of Florida. It am familiar with, and according to the florida between registered agent, or both, in the State of Florida. It am familiar with, and according to the florida between registered agent, or both, in the State of Florida. It am familiar with, and according to the florida between registered agent, or both, in the State of Florida. It am familiar with, and according to the florida between registered agent, or both, in the State of Florida. It am familiar with, and according to the florida between registered agent, or both, in the State of Florida. It am familiar with, and according to the florida between registered agent, or both, in t	City & State		City & State					_ <del>  </del>	<u> </u>	
Name   Name   Name   Name   Name   Name   Not Accoptable   Name   Na	Zip	Country	Zıp	Countr						
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current I	Registered Agent	1		7. Name and	d Address of New	Registered A	gent	
SITURE TO STATE TO ST	V05	MI TVI ED D ECO			Name					
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and according to the obligations of registered agent.  SIGNATURE	5811 PELICAN BAY BLVD. SUITE 209				Street Address (P.O. Box Number is Not Acceptable)					
B. 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 Jamiliar with, and accept the obligations of registered agent.  SIGNATURE	NAF	PLES FL 34108								
SIGNATURE					L	FL   '				
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11.1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1.  ITILE NAME STREET ADDRESS CITY-SI-7P ITILE NAME STREET ADDR	the obligation of the control of the	Signature, speed or protect have directly agent the NOW!!! FEE IS \$150.00	na Ches and lide r applicacie. (NOI					DATE		<del></del>
THE NAME SIRET ADDRESS CITY-SI-7IP  THE NAME SIRET ADDRESS CITY-SI							Trust Fund C	ontribution.		
NAME SIRET ADDRESS CITY-SI-7IP ITILE MAME SIRET ADDRESS SIRTI ADDRESS CITY-SI-7IP ITILE MAME SIRTI ADDRESS SIR	10.		DIRECTORS	11.		ADDITIONS	CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
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	NAME STREET ADORESS		☐ Delete	NAM STRE	E ADORESS				☐ Change	☐ Addition

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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:

COMOCHO OFFICER OF DIRECTOR CAME U