2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 11, 2007 8:00 am Secretary of State **DOCUMENT # P06000082280** 09-11-2007 90005 011 ***150.00 1. Entity Name **HBC ENGINEERING COMPANY** Principal Place of Business Mailing Address 40132040 23943 SOUTHWEST 107TH PLACE 23943 SOUTHWEST 107TH PLACE MIAMI, FL 33032 MIAMI, FL 33032 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 3936061 Not Applicable Zip Country 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 Arde bay o SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 😤 🔾 10791 δm 8. The above named enlity 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. Adebayo Coicer SIGNATURE: Signature: type II or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPS TITLE TITLE ☐ Delete ☐ Change ☐ Addition COKER, ADEBAYO NAME NAME 23943 SOUTHWEST 107TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33032 CITY-ST-ZIP DVT MLE ☐ Delete TITLE Change ☐ Addition **OBOH-COKER, HAPPINESS** NAME NAME STREET ADDRESS STREET ADDRESS 23943 SOUTHWEST 107TH PLACE CITY-ST-ZIP MIAMI, FL 33032 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ТΠΙΕ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-7IP CITY-ST-ZIP MLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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.

Anerango

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED