## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Mar 10, 2008 8:00 am Secretary of State 03-10-2008 90075 018 \*\*\*150.00

DOCUMENT # P06000141579  1. Entity Name FLORIDA BUILDING ENGINEERING & INSPECTIONS, CORP							•		008 90075	5 018 ***1	50.00
Principal Place of Business 12555 BISCAYNE BLVD., STE. 934 N. MIAMI, FL 33181			Mailing Address 12555 BISCAYNE BLVD., STE. 934 N. MIAMI, FL 33181				4004	Sdna		<b>P31 S</b> ith ( <b>F3</b> 16 15)	<b>                                    </b>
2. Principal Pl	ace of Business - N	lo P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02212008	Chg-P	CR2E0	34 (12/06)	
City & State			City & State				4. FEI Number 20-586			<b>⊢</b>	plied For t Applicable
Zip	Country		Zip Count		ntry	5. Certificate of Statu		of Status Desired		\$8.75 Add Fee Required	
	6. Name and A	ddress of Current I	Registered Agent		Name		7. Name and	Address of Nev	Registered	Agent	
MORALES, SIGRID											
	CAYNE BLVD.,	STE. 934			Street Add	dress (F	P.O. Box Numb	er is Not Accepta	ble)		
					City				FL	Zip Code	е
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE											
							.00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTORS	11.	· · ·		ADDITIONS	I /CHANGES TO C	FFICERS AND	DIRECTOR	S IN 11
TITLE	DPT Delete NITLE							"		☐ Change	Addition
NAME	MORALES, SIGRID 12555 BISCAYNE BLVD., STE. 934										
STREET ADDRESS CITY-ST-ZIP	N. MIAMI, FL 3	EET ADDRESS /-ST-ZIP									
NAME STREET ADDRESS City-St-Zip	Delete 11111  PINEDA, PAUL E. 11341 NW 73 TERR. 5TRE  DORAL, FL 33178 □ CITY									☐ Change	☐ Addition
TITLE			⁻☐ Delete	THTL	.E					☐ Change	Addition
NAME				NAM	1						
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NAME				NAM							
STREET ADDRESS CITY-ST-ZIP			•	×	EET ADDRESS Y-ST-ZIP						•
12. I hereby o	ertify that the inform	nation supplied with	this filing does not qualify	or the ex	emptions cor	ntained	in Chapter 11	9. Florida Statute	s. I further cer	tify that the i	oformation :
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 of the resource of trustee expowered 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 or as attactment with an address, with all otherwise empowered.											
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daylor Phone 6  Daylor Phone 6											
	- 81GA	, TPED ORT	MINISTER HAME OF BIONING UPFICE	. OR DIKEC	· IUR		· · · · · · · · · · · · · · · · · · ·	Uate		Daytime Phone #	