

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153039

**FILED**  
**Jan 19, 2009**  
**Secretary of State**

**Entity Name:** ENGINEERING PERFORMANCE INNOVATIONS CORP.

**Current Principal Place of Business:**

6787 ALISO AVE.  
WEST PALM BEACH, FL 33413

**New Principal Place of Business:**

2204 SEMINOLE PALMS DRIVE  
GREENACRESS, FL 33463

**Current Mailing Address:**

6787 ALISO AVE.  
WEST PALM BEACH, FL 33413

**New Mailing Address:**

2204 SEMINOLE PALMS DRIVE  
GREENACRESS, FL 33463

**FEI Number:** 20-8032005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENDEZ, OVIDIO  
2204 SEMINOLE PALMS DRIVE  
GREENACRESS, FL 33463 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOPEZ, FIRMO  
Address: 6787 ALISO AVE.  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VP ( ) Delete  
Name: MENDEZ, OVIDIO  
Address: 2204 SEMINOLE PALMS DRIVE  
City-St-Zip: GREENACRESS, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MENDEZ, OVIDIO  
Address: 2204 SEMINOLE PALMS DRIVE  
City-St-Zip: GREENACRESS, FL 33463

Title: VP (X) Change ( ) Addition  
Name: FIRMO, LOPEZ  
Address: 6787 ALISO AVE.  
City-St-Zip: WEST PALM BEACH, FL 33413

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** OVIDIO MENDEZ

P

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date