2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90062 044 ***150.00

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01072008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000027003

1. Entity Name
CORZO ENGINEERING CONSULTANTS INC

Principal Place of Business	Mailing Address
2900 S.W. 122 AVENUE MIAMI, FL 33175 US	2900 S.W. 122 AVENUE MIAMI, FL 33175 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1400 SW 145th Ave		1400 SW 145th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami FL		City & State: Miami FL	
Zip: 33184-3259	Country: US	Zip: 33184-3259	Country: US

4. FEI Number 20-8551316 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORZO, WILSON
2900 S. W. 122 AVENUE
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name: Corzo, Wilson
Street Address (P.O. Box Number is Not Acceptable): 1400 SW 145th Ave
City: Miami FL Zip Code: 33184-3259

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORZO, WILSON 2900 S.W. 122 AVENUE MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P corzo, Wilson 1400 SW 145th Ave Miami FL 33184-3259	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, VERONICA 2900 S.W. 122 AVENUE MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rodriguez, Veronica 1400 SW 145th Ave Miami FL 33184-3259	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/09/2008 (305) 225-9844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #