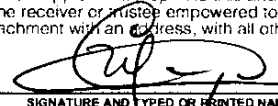


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90062 044 ***150.00

DOCUMENT # P07000027003 1. Entity Name CORZO ENGINEERING CONSULTANTS INC					
Principal Place of Business 2900 S.W. 122 AVENUE MIAMI, FL 33175 US			Mailing Address 2900 S.W. 122 AVENUE MIAMI, FL 33175 US		
2. Principal Place of Business - No P.O. Box # 1400 SW 145th Ave		3. Mailing Address 1400 SW 145th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 20-8551316	
Zip 33184-3259		Country US		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 use if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	
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	
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: 			4/09/2008 (305) 225-9844		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					