
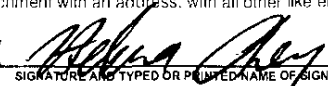


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90027 019 ***150.00

DOCUMENT # P07000081971 1. Entity Name ENGENEU INC.			
Principal Place of Business 2166 N.W. 37TH AVENUE COCONUT CREEK, FL 33066		Mailing Address 2166 N.W. 37TH AVENUE COCONUT CREEK, FL 33066	
2. Principal Place of Business - No P.O. Box # 2350 N UNIVERSITY DRIVE Suite, Apt. #, etc. A City & State SUNRISE, FL Zip 33322 Country		3. Mailing Address 2350 N UNIVERSITY DR Suite, Apt. #, etc. A City & State SUNRISE, FL Zip 33322 Country	
4. FEI Number 20-0583117		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01042008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CHENG, HELENA 2166 N.W. 37TH AVENUE COCONUT CREEK, FL 33066		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when changing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete ENG, ERNEST 22 PARKER AVENUE NEW CITY, NY 10956	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete ENG, JUDY 22 PARKER AVENUE NEW CITY, NY 10956	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01/12/08 (954) 749-4688 <small>Date Daytime Phone #</small>	