

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 31 AM 9:34

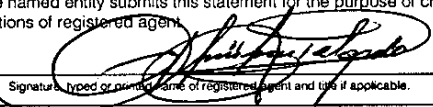
DOCUMENT # P92000008462		
1. Entity Name BALHENCE ENGINEERING, INC.		

Principal Place of Business 407 ALCAZAR AVE CORAL GABLES, FL 33134	Mailing Address 407 ALCAZAR AVE CORAL GABLES, FL 33134
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2. Principal Place of Business 17017 NW 23 ST. Suite, Apt. #, etc.	3. Mailing Address 17017 NW 23 ST. Suite, Apt. #, etc.
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City & State PEMBROKE PINES, FL.	City & State PEMBROKE PINES FL.
Zip 33028	Country BROWARD
Zip 33028	Country BROWARD

6. Name and Address of Current Registered Agent BARRERO, ALIRIO A 407 ALCAZAR AVE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name ALIRIO ALAN BARRERO Street Address (P.O. Box Number is Not Acceptable) 17017 NW 23 STREET City PEMBROKE PINES FL Zip Code 33028	
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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 	DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRERO, ALIRIO A 407 ALCAZAR AVE. CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALIRIO ALAN BARRERO 17017 NW 23 STREET PEMBROKE PINES FL. 33028 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT THIERRY JACQUES 89 NW 158 STREET MIAMI, FL 33169 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	06/08/05--01072--007 ***150.00 300055916613 06/08/05--01072--008 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	06/08/05--01072--009 ***8.75 300055916613 ☐ 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 exemption stated in Section 119.07(3)(i), 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: 	5/26/05 305-753-1267 Date Daytime Phone #