
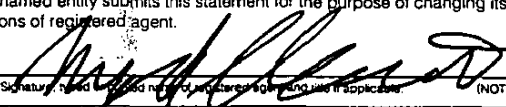
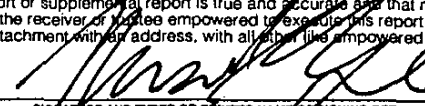


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90004 011 ***150.00

DOCUMENT # P93000018091 1. Entity Name MIGUEL ESPINOSA LAND SURVEYING, INC.																																																			
Principal Place of Business 6494 SW 24 ST MIAMI, FL 33155 US		Mailing Address 6494 SW 24 ST MIAMI, FL 33155 US																																																	
2. Principal Place of Business 5511 SW 8 ST. Suite, Apt. #, etc. #202 City & State MIAMI, FL. Zip 33134 Country US		3. Mailing Address 5511 SW 8 ST. Suite, Apt. #, etc. #202 City & State MIAMI, FL. Zip 33134 Country US																																																	
4. FEI Number 65-0398662		Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent ESPINOSA MIGUEL 6494 SW 24 ST MIAMI, FL 33155		7. Name and Address of New Registered Agent Name MIGUEL ESPINOSA Street Address (P.O. Box Number is Not Acceptable) 5511 SW 8 ST., #202 City MIAMI FL 33134																																																	
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 06/21/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> ESPINOSA MIGUEL 6494 SW 24 ST MIAMI, FL 33155 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESPINOSA MIGUEL 6494 SW 24 ST MIAMI, FL 33155	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> MIGUEL ESPINOSA P/T/S/D 5511 SW 8 ST. #202 MIAMI, FL. 33134 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIGUEL ESPINOSA P/T/S/D 5511 SW 8 ST. #202 MIAMI, FL. 33134	<input checked="" 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																			

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