


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 JUL -9 AM 11:12

DOCUMENT # P93000041061 1. Entity Name C.M.B. ENGINEERS, INC.					
Principal Place of Business 2740 S.W. 97 AVE. STE #108 MIAMI, FL 33165			Mailing Address 2740 S.W. 97 AVE. STE #108 MIAMI, FL 33165		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARRENECHEA, CARLOS M 2740 S.W. 97 AVE. STE #108 MIAMI, FL 33165				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's signature required when reinstating) _____ DATE _____					
Amended AR is \$61.25		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARRENECHEA, CARLOS M	NAME	800039383318 07/21/04--01053--003 **70.00		
STREET ADDRESS	13414 SW22 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARRENECHEA, AUREA L	NAME			
STREET ADDRESS	13414 SW22 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP			
TITLE	O <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRESPO, ELIAS P	NAME			
STREET ADDRESS	7724 W 29 LANE #102	STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33018	CITY-ST-ZIP			
TITLE	O <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RANGEL, ORLANDO	NAME			
STREET ADDRESS	9940 SOUTHWEST 37 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 title empowered.					
SIGNATURE _____		AUREA BARRENECHEA 6/29/04		305-552-8538	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Day/Time Phone #	



06292004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0434505 Applied For Not Applicable

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

ASD