## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000045561

Entity Name: BND ENGINEERS, INC.

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4090 NW 97TH AVENUE SUITE 300 MIAMI, FL 33178 US

Current Mailing Address: New Mailing Address:

4090 NW 97TH AVENUE SUITE 300 MIAMI, FL 33178 US

FEI Number: 65-0421519 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, BASIL S
4090 NW 97TH AVENUE 4090 NW 97TH AVENUE
SUITE 300 SUITE 300
MIAMI, FL 33178 US MIAMI, FL 33178 US

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.

SIGNATURE: BASIL S. WILLIAMS 01/05/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete Title: PTD (X) Change ( ) Addition Name: WILLIAMS, BASIL S WILLIAMS, BASIL S

Address: 4090 NW 97 AVE STE 300 Address: 4090 NW 97 AVE STE 300 City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BUDALL, MICHAEL A
 Name:

 Address:
 6150 SW 153 CT RD
 Address:

 City-St-Zip:
 MIAMI, FL 33193
 City-St-Zip:

Title: VD ( ) Delete Title: VPSD (X) Change ( ) Addition Name: KEANE, KEVIN A Name: KEANE, KEVIN A

Address: 15103 SW 146 AVE City-St-Zip: MIAMI, FL 33186 REANE, REVIN A

City-St-Zip: MIAMI, FL 33186 REANE, REVIN A

City-St-Zip: MIAMI, FL 33186

Title: ( ) Delete Title: VPD ( ) Change (X) Addition

 Name:
 Name:
 BROWN, KEVIN A

 Address:
 Address:
 10036 SW 14 STREET

 City-St-Zip:
 City-St-Zip:
 PEMBROKE PINES, FL 22025

Title: D ( ) Change (X) Addition

 Name:
 Name:
 WILLIAMS, TONI R

 Address:
 Address:
 11124 NW 35 ST.

 City-St-Zip:
 City-St-Zip:
 SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BASIL S. WILLIAMS PTD 01/05/2009