2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE AND TYPED OR PRINTED NAM

SIGNATURE:

Mar 03, 2005 08:00 AM Secretary of State DOCUMENT # P94000028261 1. Entity Name ENGINEERING & CONSTRUCTION ENTERPRISES, INC. Principal Place of Business Mailing Address 8460 SW 2ND ST 8460 SW 2ND ST #282 #282 MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0486974 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIRGADO, NICOLAS R Street Address (P.O. Box Number is Not Acceptable) 8460 SW 2ND STREET #282 **MIAMI FL 33144** 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00. Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete THE Addition Change SIRGADO, NICOLAS R NAME NAME STREET ADDRESS 8460 SW 2ND ST STREET ADDRESS MIAMI F 33144 CITY ST-ZIP CITY-ST-ZIP DTS HILE Delete U00000250250 □ Change 03/04/05-80002-009 158.75 Dire Addition SIRGADO, AMERICA NAME NAME STREET ADDRESS 8460 SW 2 STREET STHEET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CETY-\$1-7IP TITLE ☐ Change ☐ Delete DITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete 1111 ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filling 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 to earn 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 sustee emparation to execute this report is required by chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

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