


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90027 030 ***150.00

DOCUMENT # P94000073575		
1. Entity Name A/O ENGINEERING, INC.		

Principal Place of Business 19523 DELAWARE CIRCLE BOCA RATON, FL 33434	Mailing Address 19523 DELAWARE CIRCLE BOCA RATON, FL 33434
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40016095



01242008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0527224	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GEROW, JEFFREY S 4800 NORTH FEDERAL HIGHWAY STE 307B BOCA RATON, FL 33431	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 4400 North Federal Highway	
Suite 210	
City Boca Raton	FL Zip Code 33431

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 signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YUNES, FRANKLIN 19523 DELAWARE CIRCLE BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: FRANKLIN YUNES 1-29-08 561-483-2989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #