

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90208 026 ***150.00

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1. Entity Name
ENGINEERING DESIGN ASSOCIATES, INC.



Principal Place of Business
**% MITCHELL L. STEWART
351 SOUTH CYPRESS RD., SUITE 100
POMPANO BEACH, FL 33060**

Mailing Address
**% MITCHELL L. STEWART
351 SOUTH CYPRESS RD., SUITE 100
POMPANO BEACH, FL 33060**

44044076



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0519391

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEWART, MITCHELL L
351 S. CYPRESS ROAD
SUITE 100
POMPANO BEACH, FL 33060**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEWART, MITCHELL L
STREET ADDRESS	2020 NE 28 AVE
CITY - ST - ZIP	POMPANO BEACH, FL 330623121
TITLE	V
NAME	STEWART, MELVIN
STREET ADDRESS	2501 SOUTH OCEAN DRIVE #735
CITY - ST - ZIP	HOLLYWOOD, FL 33019
TITLE	VP
NAME	ERQUIAGA, EUGENIO
STREET ADDRESS	7880 HOLMBERG RD.
CITY - ST - ZIP	POMPANO BEACH, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #