


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90020 023 \*\*\*158.75

<b>DOCUMENT # P95000018077</b> 1. Entity Name <b>FCE ENGINEERING, INC.</b>			
Principal Place of Business <b>7035 S.W. 47TH STREET SUITE D MIAMI, FL 33155</b>		Mailing Address <b>7035 S.W. 47TH STREET SUITE D MIAMI, FL 33155</b>	
2. Principal Place of Business <b>12173 NW 99th Avenue</b> Suite, Apt. #, etc. <b>Bay #2</b> City & State <b>Hialeah Gardens</b> Zip Country <b>33018 Dade</b>		3. Mailing Address <b>12173 NW 99th Avenue</b> Suite, Apt. #, etc. <b>Bay #2</b> City & State <b>Hialeah Gardens</b> Zip Country <b>33018 Dade</b>	
4. FEI Number <b>65-0564072</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		08202004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>VEGA, JOSE 7035 S.W. 47TH STREET SUITE D MIAMI, FL 33155</b>		7. Name and Address of New Registered Agent Name <b>JOSE VEGA</b> Street Address (P.O. Box Number is Not Acceptable) <b>12173 NW 99th Avenue</b> <b>Bay #2</b> City <b>Hialeah Gardens</b> <b>FL</b> Zip Code <b>33018</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>VEGA, JOSE 12173 NW 99TH AVE., BAY #2 HIALEAH, FL 33018</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7950 SW 78th Street MIAMI FL 33018</b>
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
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
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
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
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>8/20/04</b> Daytime Phone # _____	

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