FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91213 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007122

1. Entity Name
APPLIED ENGINEERING CONCEPTS, INC.

Principal Place of Business	Mailing Address
6210 NW 173 ST SUITE 815 HIALEAH, FL 33015 US	6210 NW 173 ST SUITE 815 HIALEAH, FL 33015 US

11005238

2. Principal Place of Business	3. Mailing Address
2153 Renaissance Blvd	2153 Renaissance Blvd
Suite, Apt. #, etc. Suite 108	Suite, Apt. #, etc. Suite 108
City & State Miramar Florida	City & State Miramar Florida
Zip 33025 Country USA	Zip 33025 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0637507 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

VALENCIA, MYRIAM P
6210 NW 173 ST SUITE 815
HIALEAH, FL 33015

7. Name and Address of New Registered Agent

Name Valencia, Myriam P.
Street Address (P.O. Box Number is Not Acceptable) 2153 Renaissance Boulevard Suite 108
Miramar
City FL Zip Code 33025

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] Myriam P. Valencia 04-15-03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE T NAME WHITFIELD, KELVYN STREET ADDRESS 1002 NE 116 ST CITY-ST-ZIP N MIAMI, FL 33161	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE PVD NAME VALENCIA, MYRIAM P STREET ADDRESS 6210 NW 173 ST SUITE 815 CITY-ST-ZIP HIALEAH, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE SD NAME MARIN, JUAN C STREET ADDRESS 6210 NW 173 ST SUITE 815 CITY-ST-ZIP HIALEAH, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/02)

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] Myriam P. Valencia 04-15-03 (305) 3353640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #