

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000034806	
1. Entity Name STRUC-TECH ENGINEERING, INC.	

Principal Place of Business 801 W MCNAB RD POMPAÑO BEACH, FL 33060 US	Mailing Address 671 NORTHWEST 48TH AVENUE COCONUT CREEK, FL 33060
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DO NOT WRITE IN THIS SPACE



04142006	000000	000000000000000000
4. FEI Number 65-0658905	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75	FEE FOR FILING THIS REPORT	

6. Name and Address of Current Registered Agent HAGE, HENRI M 801 W MCNAB RD. POMPAÑO BEACH, FL 33060

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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00	0000000519079 06/02/06-80037-022 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAGE, HENRI M 671 NORTHWEST 48TH AVENUE COCONUT CREEK, FL 33060
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IN THIS SPACE**

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, without other, I am empowered.

SIGNATURE: <i>Henri M Hage</i>	Henri M Hage	4/14/06	954-783-026
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		Date	Daytime Phone #