

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 10, 2004 8:00 am
Secretary of State**

03-10-2004 90021 046 ***150.00

DOCUMENT #. P96000087938			
1. Entity Name TOTAL ENGINEERING, INC.			
Principal Place of Business 444 BRICKELL AVENUE SUITE 51-418 MIAMI FL 33131		Mailing Address 444 BRICKELL AVENUE SUITE 51-418 MIAMI FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEDINA, LUCIA 444 BRICKELL AVENUE SUITE 51 MIAMI FL 33131		Name ALBERTO ESPADA Street Address (P.O. Box Number is Not Acceptable) 800 WEST AVE SUITE 306 City MIAMI BEACH FL Zip Code 33139	
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 		DATE 02/06/04	
<input checked="" type="checkbox"/> FILE NOW!!! FEE IS \$150.00 <input type="checkbox"/> After May 1, 2004 Fee will be \$550.00 <input type="checkbox"/> Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 ESPADA, ALBERTO 444 BRICKELL AVENUE, SUITE 51 MIAMI FL 33131	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
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 the address, with all other like empowered.			
SIGNATURE: 		SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ALBERTO ESPADA - PRESIDENT Date 02/06/04 Daytime Phone # 305-672-8721	