2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 11, 2007 8:00 am Secretary of State

1. Entity Name NATA ENGINEERING INC.						07-11-2007 9	90076 025 ***150.	00
Principal Place of Business 8718 VIA REALE BOCA RATON, FL 33496		Mailing Address 8718 VIA REALE BOCA RATON, FL 33496		40x₩	. /-			
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062007	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Numbe 65-0750		No	plied For at Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New	Registered Agent	
ASSENZA, ANTONIO 8718 VIA REALE BOCA RATON, FL 33496				Name Street Address (P.O. Box Number is Not Acceptable)				
<u>.</u>		City				FL Zip Cod	e	
	named entity submits this statement fi ions of registered agent.	for the purpose of changing it	s register	ed office or reg	istered agent, or bot	h, in the State of F	lorida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agen	nl and title if applicable (NO	TE: Registere	d Agent signature red	quired when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Fin Trust Fund Contribution					\$5.00 May Be Added to Fees		with s. 607.193(2)(b), d not receive the prior	
10.	7~		11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete ASSENZA, ANTONIO 8717 VIA REALE BOCA RATON, FL 33496		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLI NAM STRE	E			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			,			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		l			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition

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 true see/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 any address, with all other like empowered.

SIGNATURE:

M4. ANTONIO ASSENZA

7 - 7-2007 (LASI-1757)