2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2006 08:00 AM **DOCUMENT # P97000055591** Secretary of State CARLOS E. ACEVEDO, P.E. INCORPORATED Principal Place of Business Mailing Address 11845 N W 11TH COURT 11845 N W 11TH COURT CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 US 01062006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0764212 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ACEVEDO, CARLOS E DO NOT WRITE 11845 N W 11TH COURT CORAL SPRINGS, FL 33071 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 again and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 TITLE ACEVEDO, CARLOS E NAME U00000491929 11845 N W 11TH COURT STREET ADDRESS 04/19/06-80043-007 150.00 CORAL SPRINGS, FL 33071 DITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-Zip TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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 cath, 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: / hab thered

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP