

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90055 031 ***150.00

DOCUMENT # P97000055773

1. Entity Name
ASSOCIATED ENGINEERS OF SOUTH FLORIDA, INC.



Principal Place of Business
**5450 GRIFFIN ROAD
DAVIE, FL 33314**

Mailing Address
**5450 GRIFFIN ROAD
DAVIE, FL 33314**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0762000

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGUIRRE, GUSTAVO X
5450 GRIFFIN ROAD
DAVIE, FL 33314**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **PEANA, PAVEL**
STREET ADDRESS **12345 NW 14TH ST**
CITY-ST-ZIP **PLANTATION, FL 33323**

TITLE **P** ☐ Delete
NAME **AGUIRRE, GUSTAVO X**
STREET ADDRESS **10520 SW 50TH ST**
CITY-ST-ZIP **COOPER CITY, FL 33314**

TITLE **TS** ☐ Delete
NAME **AGUIRRE, LEONOR A**
STREET ADDRESS **10520 SW 50TH ST**
CITY-ST-ZIP **COOPER CITY, FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
NAME **TOVAR OSCAR**
STREET ADDRESS **2105 SW. 72ND AVE.**
CITY-ST-ZIP **DAVIE, FL. 33317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Gustavo Aguirre*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO AGUIRRE

Date

1/20/04 954-584-6880

Daytime Phone #