

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 27 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09232004 Chg-P CR2E034 (10/03)

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0762000	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AGUIRRE, GUSTAVO X 5450 GRIFFIN ROAD DAVIE, FL 33314					
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing 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	V PEANA, PAVEL 12345 NW 14TH ST PLANTATION, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000041451570 09/29/04--01058--002 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUIRRE, GUSTAVO X 10520 SW 50TH ST COOPER CITY, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Aguirre, Gustavo X 7701 S. Aragon Blvd., Unit 2 Sunrise, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS AGUIRRE, LEONOR A 10520 SW 50TH ST COOPER CITY, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Aguirre, Leonor A 7701 S. Aragon Blvd., Unit 2 Sunrise, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOVAR, OSCAR 2105 SW 72ND AVE. FORT LAUDERDALE, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Aguirre, Francisco A. 3150 W. Rolling Hill Circle, Apt. 309 Davie, FL 33328 <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 an address, with all other like empowered.					
SIGNATURE:		9/23/04		(954) 584-6880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	