2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 12, 2007 08:00 A Secretary of State DOCUMENT # P98000056683 1. Entity Name GLOBAL ENGINEERING GROUP, INC. Principal Place of Business Mailing Address 5001 S.W. 74TH CT. 5001 S.W. 74TH CT. STE. 200 STE. 200 MIAMI FL 33155 **MIAMI FL 33155** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 65-0864382 Not Applicable Zip Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAVEZ, OMAR A Street Address (P.O. Box Number is Not Acceptable) 4730 SANTA MARIA ST CORAL GABLES FL 33146 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DIF Delete TITLE ☐ Change ☐ Addilion U00000664584 CHAVEZ, OMAR A NAME NAME 03/22/07-80052-005 158.75 4730 SANTA MARIA ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33146** CITY-ST-7IP CITY+ST-7IP VΡ THE Delete HILE Change Addition CHAVEZ, OMAR A JR NAME NAME 4730 SANTA MARIA STREET STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33146** CITY-SI-ZIP CITY-ST-ZIP ШŒ ☐ Delete Change Addition PACINI, MILDRED E NAME 5001 SW 74TH CT STE 200 STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** CITY-ST ZIP CITY - ST - ZIP TITLE Delete THIE ☐ Change ☐ Addition RODRIGUEZ, DORA NAME NAME 10024 SW 78TH CT STREET ADDRESS STREET ADDRESS MIAMI FL 33156 CITY - ST - ZIP CITY-ST-Z#P Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP III ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-JIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver of fustion 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.

FILED

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of Director Office of Director Date Office of Director Office Office of Director Office of Director Office of Director Office Offi