2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90415 024 ***150.00

DOCUMENT # P99000078914

1. Entity Name
E.L.M. ENGINEERING SERVICES INC.

Principal Place of Business	Mailing Address
2770 WEST 62ND PLACE #203 HIALEAH, FL 33016	2770 WEST 62ND PLACE #203 HIALEAH, FL 33016

02102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7884 NW 197 St.	7884 NW 197 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33015 Country: USA	Zip: 33015 Country: USA

4. FEI Number 65-0945309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, EDUARDO L
2770 WEST 62ND PLACE
#203
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 7884 NW 197 ST.

City: Miami **FL** Zip Code: 33015

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: Eduardo L. Martinez 2/10/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTINEZ, EDUARDO L 2770 WEST 62ND PLACE HIALEAH, FL 33016	☐ Delete	PD MARTINEZ, EDUARDO L 7884 NW 197 St Miami, Fl. 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ESCOBAR, MADELENE B 2770 WEST 62ND PLACE HIALEAH, FL 33016	☐ Delete	VD ESCOBAR, MADELENE B 7884 NW 197 St. Miami, FL. 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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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 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: Eduardo L. Martinez 2/10/04 (305) 916-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #