

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90195 037 ***150.00

DOCUMENT # P99000078914	
1. Entity Name E.L.M. ENGINEERING SERVICES INC.	

Principal Place of Business 7884 NW 197 ST. MIAMI, FL 33015	Mailing Address 7884 NW 197 ST. MIAMI, FL 33015
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DO NOT WRITE IN THIS SPACE



03142006 No Chg-P CR2E034 (11/05)

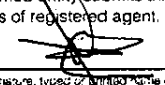
4. FEI Number 65-0945309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, EDUARDO L
7884 NW 197 ST.
MIAMI, FL 33015

DO NOT WRITE 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:  Eduardo Martinez 3/14/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking) DATE

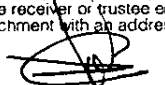
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINEZ, EDUARDO L 7884 NW 197 ST. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ESCOBAR, MADELEN B 7884 NW 197 ST MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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 Sater Pres. 3/14/06 305-816-1045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #