

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000084355

1. Entity Name
FLORIDA ENGINEERS, INC.



Principal Place of Business
**2300 TIGERTAIL COURT
COCONUT GROVE, FL 33133 US**

Mailing Address
**P. O. BOX 331408
COCONUT GROVE, FL 33133-1408 US**



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0403166	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VON EBERSTEIN, WILLIAM G
2300 TIGERTAIL COURT
COCONUT GROVE, FL 33133**

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**00000533624
05/05/06-80129-016 158.75**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VON EBERSTEIN, WILLIAM G
STREET ADDRESS	2300 TIGERTAIL COURT
CITY - ST - ZIP	COCONUT GROVE, FL 33133

TITLE	T
NAME	VON EBERSTEIN, WILLIAM G
STREET ADDRESS	2300 TIGERTAIL COURT
CITY - ST - ZIP	COCONUT GROVE, FL 33133

TITLE	S
NAME	VON EBERSTEIN, WILLIAM
STREET ADDRESS	2300 TIGERTAIL COURT
CITY - ST - ZIP	COCONUT GROVE, FL 33133

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2006 (305) 860 2922

Date

Daytime Phone #

44-45