


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90066 016 ***150.00

DOCUMENT # S61566 1. Entity Name ENGINEERING INTERNATIONAL CORPORATION					
Principal Place of Business 9445 S.W. 40TH ST. SUITE A-10 MIAMI, FL 33165 US			Mailing Address 9445 S.W. 40TH ST. SUITE A-10 MIAMI, FL 33165 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-0822706	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARZON, OSCAR 6830 INDIAN CREEK DRIVE, STE 5E MIAMI, FL 33141				7. Name and Address of New Registered Agent Name GARZON, OSCAR Street Address (P.O. Box Number is Not Acceptable) 9445 SW 40 ST, STE A-10 City Miami FL Zip Code 33165	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	PST GARZON, OSCAR 6830 INDIAN CREEK DRIVE, STE 5E MIAMI, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GARZON, OSCAR 9445 S.W. 40 ST. Ste A-10 MIAMI, FL 33165	
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	
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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: <u><i>Oscar Garzon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-11-06</u> <small>Daytime Phone #</small>		