2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # V45183 1. Entity Namo PARDEE ENGINEERING INC. Principal Place of Business Mailing Address 9751 N.W. 91 CT. MIAMI FL 33178 9751 N.W. 91 CT. MIAMI FL 33178 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For City & State City & State 65-0341832 Not Applicable Ζıp Country Zιp Country \$8.75 Additional 5, Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANDADO, JOSE Street Address (P.O. Box Number is Not Acceptable) 9751 NW 91 COURT MEDLEY FL 33178 Zip Code City 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 tills if applicable (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD ☐ Change Addition 1106 Delete 11000 MANDADO, JOSE NAME NAMI 9751 NW 91 CT STRUET ADDRESS STREET ADDRESS U00000742237 MEDLEY FL -N25 150.00 CHY-ST-ZIP CHY+SI-7IP TITLE ☐ Delete THE ☐ Change Addition MANDADO, VERA NAME NAME 9751 NW 91 CT STRUCT ADDRESS STRUCT ADDRESS MIAMI FL CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition THE TITLE NAMI NAMI' STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP ☐ Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIF CHY+S1-7IP Delete Ditt ☐ Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-7IP Change ☐ Addition THE ☐ Delete IIILL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BRECTOR

12. I horeby 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 logal effect as if made under eath; that I am an efficiency 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.

4-25-07 (305) 885-8838

FILED