

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000045561

**Entity Name:** BND ENGINEERS, INC.**Current Principal Place of Business:**2100 PONCE DE LEON BLVD  
SUITE 1270  
CORAL GABLES, FL 33134**Current Mailing Address:**2100 PONCE DE LEON BLVD  
SUITE 1270  
CORAL GABLES, FL 33134 US**FEI Number:** 65-0421519**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, BASIL S  
2100 PONCE DE LEON BLVD  
SUITE 1270  
CORAL GABLES, FL 33134 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	WILLIAMS, BASIL S
Address	2100 PONCE DE LEON BLVD SUITE 1270
City-State-Zip:	CORAL GABLES FL 33134

Title	VPD
Name	WILLIAMS, TONI R
Address	729 TANGLEWOOD CIRCLE
City-State-Zip:	WESTON FL 33327

Title	VPD
Name	TORRES, MARTA E
Address	3141 W 70 TERRACE
City-State-Zip:	HIALEAH FL 33018

Title	VPD
Name	KEANE, KEVIN A
Address	15103 SW 146 AVE
City-State-Zip:	MIAMI FL 33186
Title	TD
Name	WILLIAMS, JOLI C
Address	729 TANGLEWOOD CIRCLE
City-State-Zip:	WESTON FL 33327

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BASIL S. WILLIAMS**PRESIDENT****01/03/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date