

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 650696

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: DORIA'S WELDING, INC.

**Current Principal Place of Business:**

5735 WASHINGTON ST.  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

5735 WASHINGTON ST.  
NAPLES, FL 34109 US

**New Mailing Address:**

FEI Number: 59-1961808      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAGERO, DOROTHEA K  
4977 PEPPER CIR.  
APT G201  
NAPLES, FL 34112 US

**Name and Address of New Registered Agent:**

DORIA, JR, ALBERT  
2560 GOLDEN GATE BLVD. W.  
NAPLES, FL 34117 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: ALBERT DORIA, JR

04/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DORIA, ALBERT  
Address: 6134 POLLY AVE.  
City-St-Zip: NAPLES, FL 34112

Title: ST ( ) Delete  
Name: DORIA, VERONICA  
Address: 6134 POLLY AVE.  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DORIA, ALBERT  
Address: 2560 GOLDEN GATE BLVD. W.  
City-St-Zip: NAPLES, FL 34117

Title: ST (X) Change ( ) Addition  
Name: DORIA, VERONICA  
Address: 2560 GOLDEN GATE BLVD. W.  
City-St-Zip: NAPLES, FL 34117

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALBERT DORIA

PD

04/24/2005

Electronic Signature of Signing Officer or Director

Date