

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JAN 30 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000016400 1. Entity Name FANTASY WELDING, INC.	
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Principal Place of Business 4377 SW 75 AVENUE MIAMI, FL 33156 US	Mailing Address 4377 SW 75 AVENUE MIAMI, FL 33156 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01292008 Chg-P CR2E034 (12/06)

City & State	4. FEI Number 65-1077454
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Applied For
Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PEREZ, EMILIO J
6525 SW 25 STREET
MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name **Emilio J. Perez**

Street Address (P.O. Box Number is Not Acceptable)
4377 SW 75 AVE

City **MIAMI** FL Zip Code **33156**

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 *Emilio Jesus Perez* (NOTE: Registered Agent signature required when reinstating) DATE 1/29/08.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P PEREZ, EMILIO G	<input type="checkbox"/>
NAME		
STREET ADDRESS	6525 SW 25 STREET	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	V GUZMAN, SERAFIN	<input type="checkbox"/>
NAME		
STREET ADDRESS	4377 SW 75 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	P Emilio J. Perez	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	4377 SW 75 AVE		
CITY-ST-ZIP	MIAMI FL 33156		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	900118436969		
CITY-ST-ZIP	02/20/08--01019--007 **150.00		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *Emilio Jesus Perez* DATE 1/29/08.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR