2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # P05000141474 1. Entity Name SARA'S WELDING CORP.							04-28-2006 90181 009 ***158.75				
Principal Place of Business				Mailing Address			į	_			
7676 NW 186 STREET				7676 NW 186 STREET			400698	318			
217 Miami, Fl 33015				217 Miami, Fl 33015		40000					
Ministr, CE 33013				VIIAWII, FE 33013							
2. Principal Place of Business			3.	Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		04252006	Chg-P	CR2E)34 (11/05)		
City & State				City & State		4. FEI Numbe	20365	1973	} -	optied For ot Applicable	
Zip	p Country			Zip Coun		itry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
PORTILLO, GERMAN						Name					
7676 NW 186 STREET						Street Address (P.O. Box Number is Not Acceptable)					
217 MIAMI, FL 33015							******			***************************************	
•						City	-		FL	Zip Code	e
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 title if applicable (NOTE Registered Agent or statute required when reinstating) DATE											
DATE TO THE PROPERTY OF THE PR											
		FEE IS \$150.00 6 Fee will be \$55	9. Election Campai Trust Fund Conti		.00 May Be ed to Fees						
10.		OFFICERS AI	ND DIRE	CTORS		ADDITIONS/	CHANGES TO OFF	FICERS AND	DIRECTORS	S IN 11	
TITLE	PDT Delete					E				☐ Change	☐ Addition
NAME STREET ADDRESS	PORTILLO, GERMAN 7676 NW 186 STREET # 217				NAM! STRE	EET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33015					-SI ZIP					
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12. Thereby 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 office the empowered.											