FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90054 028 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

50030173

03202005 Chg-P CR2E034 (10/03)

DOCUMENT # 462553

1. Entity Name
WELSCH'S INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
XXXX XX XXXXX. XXXXX XX XXXXX	XXXXXXXXXXXXX XXXXXXXXXXX

2. Principal Place of Business	3. Mailing Address
6312 N W 97TH AVE	6312 N W 97TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33178 Country:	Zip: 33178 Country:

4. FEI Number: 59-1558784 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ - $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURNS, RICHARD 1500 NW 104 SUITE 200 MIAMI, FL 33172	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	WELSCH, PAUL E.		NAME	WELSCH, PAUL E.	
STREET ADDRESS	XXXX XXX XXXXXXX		STREET ADDRESS	6312 N W 97TH AVE	
CITY-ST-ZIP	MIAMI, FL 33XXX		CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	STD	☐ Delete	TITLE	STD	☒ Change ☐ Addition
NAME	WELSCH, SHARON		NAME	WELSCH, SHARON	
STREET ADDRESS	XXXX XXX XXXXXXX		STREET ADDRESS	6312 N W 97TH AVE	
CITY-ST-ZIP	MIAMI, FL 33XXX X		CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: PAUL E. WELSCH 03/21/05 (305) 597-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #