

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90020 022 ***150.00

DOCUMENT # 486365

1. Entity Name

D & G WELDING SERVICE, INC.



Principal Place of Business

**1695 W 33 PL
HIALEAH FL 33012
US**

Mailing Address

**1695 W. 33 PLACE
HIALEAH FL 33012
US**



1st MOORE

CR2E034 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1816712

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

**DELGADO, JOSE H.
5920 W 20TH LN
HIALEAH FL 33016**

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 OF
REGISTERED AGENT

(NOTE: Registered Agent signature required when consolidating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

NAME

STREET ADDRESS

CITY- ST- ZIP

**DELGADO, JOSE H.
5920 WEST 20TH LANE
HIALEAH FL**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jose H. Delgado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/08
Date
305-558-0391
Daytime Phone #

04/24/08