

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90324 044 \*\*\*150.00

**50039407**



<b>DOCUMENT # 641572</b> 1. Entity Name <b>WELCOME CORPORATION</b>					
Principal Place of Business <b>1 S.E. 3RD AVE. SUITE 800 MIAMI, FL 33131</b>			Mailing Address <b>1 S.E. 3RD AVE. SUITE 800 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>P.O. Box 453354</b>		3. Mailing Address <b>231 Altara Avenue</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>Coral Gables, FL</b>		4. FEI Number <b>59-1967043</b>	
Zip <b>33245-3354</b>		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33146</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TORRES, CIRO</b>  <b>8760 SW 133 ave Rd # 420</b> <b>Miami, Fl 33183</b>			7. Name and Address of New Registered Agent Name <b>Ciro Torres</b> Street Address (P.O. Box Number is Not Acceptable) <b>231 Altara Avenue</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33146</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD TORRES, CIRO <input type="checkbox"/> Delete <b>8760 SW 133 Ave Rd # 420</b> <b>Miami, Fl 33183</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Torres, Ciro</b> <b>231 Altara Avenue</b> <b>Coral Gables, FL 33146</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			✓ 4-15-05 ✓ PRES		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		