


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000006320 1. Entity Name PMA FABRICATORS, INC.		
Principal Place of Business 1054 NORTHWEST 52ND STREET FORT LAUDERDALE, FL 33309	Mailing Address 12124 12TH AVENUE SOUTH BURNSVILLE, MN 55337	



03062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1949628	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEID, THOMAS 1054 NORTHWEST 52ND STREET FORT LAUDERDALE, FL 33309	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT HEID, THOMAS P 12124 12TH AVENUE SOUTH BURNSVILLE, MN 55337
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS LOPEZ, RICHARD K 12124 12TH AVENUE SOUTH BURNSVILLE, MN 55337
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas Heid Thomas Heid 3-11-05 952-890-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #