

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G58698

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: NORTH DADE WELDING SERVICE, INC.

**Current Principal Place of Business:**

1950 NE 154 ST  
N. MIAMI BEACH, FL 331626024

**New Principal Place of Business:**

**Current Mailing Address:**

1950 NE 154 ST  
N. MIAMI BEACH, FL 331626024

**New Mailing Address:**

FEI Number: 59-2379537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHARPIRO, IRA R P.A.  
16375 NE 18 AVE STE 205  
BAYLEE EXECUTIVE CENTER SUITE 225  
N. MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CATALDO, DENNIS V  
Address: 1950 NE 154 ST  
City-St-Zip: N. MIAMI BEACH, FL

Title: VD ( ) Delete  
Name: CATALDO, MADELINE  
Address: 1950 NE 154 ST  
City-St-Zip: N. MIAMI BEACH, FL

Title: STD ( ) Delete  
Name: PRITZL, LISA  
Address: 1950 NE 154 ST  
City-St-Zip: N. MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS CATALDO

PD

01/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date