


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # G62844
1. Entity Name
ORAMAS AND LEBBAD WELDING CORPORATION



Principal Place of Business Mailing Address
601 W 27 ST 601 W 27 ST
HIALEAH, FL 33010 HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE



02262005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2340022 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEBBAD, CARIDAD
19447 NW 28 PLACE
CAROL CITY, FL 33056

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IN THIS SPACE**

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEBBAD, SAMI
STREET ADDRESS	19447 NW 28 PLACE
CITY - ST - ZIP	ORLANDO, FL 33056
TITLE	VD
NAME	ORAMAS, SATURNINO
STREET ADDRESS	19463 NW 29TH COURT
CITY - ST - ZIP	ORLANDO, FL 33056
TITLE	T
NAME	ORAMAS, CIRA F
STREET ADDRESS	19463 NW 29TH COURT
CITY - ST - ZIP	ORLANDO, FL 33056
TITLE	S
NAME	LEBBAD, CARIDAD
STREET ADDRESS	19447 NW 28TH PLACE
CITY - ST - ZIP	ORLANDO, FL 33056
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/02/05-80012-005 150.00

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IN THIS SPACE**

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: Sami Lebbad **SAMI LEBBAD** 2-26-05 (305) 887-8281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #