


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G62844</b> 1. Entity Name <b>ORAMAS AND LEBBAD WELDING CORPORATION</b>	
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Principal Place of Business <b>601 W 27 ST HIALEAH, FL 33010</b>	Mailing Address <b>601 W 27 ST HIALEAH, FL 33010</b>
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01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2340022</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000402876  
02/03/06-80025-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LEBBAD, SAMI 19447 NW 28 PLACE ORLANDO, FL 33056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ORAMAS, SATURNINO 19463 NW 29TH COURT ORLANDO, FL 33056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ORAMAS, GIRA F 19463 NW 29TH COURT ORLANDO, FL 33056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LEBBAD, CARIDAD 19447 NW 28TH PLACE ORLANDO, FL 33056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Caridad Lebbad* **CARIDAD LEBBAD SEC** 1-23-06 (205) 887-8281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #