


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P00Q00011350
1. Entity Name
A-1 PORTABLE WELDING & ASSOCIATES, INC.



Principal Place of Business Mailing Address
530 S.W. 38TH TERRACE 530 S.W. 38TH TERRACE
FT. LAUDERDALE, FL 33312-1849 FT. LAUDERDALE, FL 33312-1849

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0990488 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
FRANCIS, KATHLEEN
530 S.W. 38TH TERRACE
FT. LAUDERDALE, FL 33312-1849

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000261348
03/14/05-80006-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRANCIS, ADDONES
STREET ADDRESS	530 S.W. 38TH TERRACE
CITY - ST - ZIP	FT. LAUDERDALE, FL 333121849
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(l), 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: Addones Francis 1/31/05 954-593-9597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone