2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 02, 2006 08:00 AN DOCUMENT # P00000059597 **Secretary of State** A & J MARINE WELDING, INC. Mailing Address Principal Place of Business 7318 NW 46 ST 7318 NW 46 ST MIAMI, FL 33166-6245 MIAMI, FL 33166-6245 02162006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1020044 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANCHEZ, ALCIDES DO NOT WRITE 7318 NW 46 ST MIAMI, FL 33166-6425 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE_Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SANCHEZ, ALCIDES NAME 9361 SW 20 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 000000452863 03/13/06-80017-002 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TME NAME STREET ADDRESS CITY-ST-7IP

> SIGNATURE D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR