2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2004 8:00 am DOCUMENT # P00000060637 **Secretary of State** 1. Entity Name 02-12-2004 90021 016 ***150.00 TOTAL FABRICATION SERVICES, INC. Principal Place of Business Mailing Address 7406 WOODMONT TERRACE #102 7406 WOODMONT TERRACE #102 ひまひひひひひろつ TAMARAC FL 33321 TAMARAC FL 33321 Suite, Apt. #, etc. CR2E034 (11/03) Applied For 4. FEI Number 65-1023054 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALENZUELA, DAVID 7406 WOODMONT TERRACE #102 TAMARAC FL 33321 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 the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Delete TITLE ☐ Addition NAME VALENZUELA, DAVID NAME 8022 NW 72 STIME+ STREET ADDRESS 7406 WOODMONT TERRACE #102 STREET ADDRESS Tamarac, Fl 3332 CITY-ST-ZIP TAMARAC FL 33321 CITY-ST- ZIP VD ☐ Delete Change me TITLE Addition NAME VALENZUELA, ALLYSON NAME 8022 NW 72 Street 7406 WOODMONT TERRACE #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reserver 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

G OFFICER OR DIRECTOR

changed, or on an attachmen

SIGNATURE:

FILED