## Heavy Iron Welding -OT 0101412429 P02/03 <u>A</u>NNUAL KĖPUKI

## Jul 28, 2008 8:00 am Secretary of State DOCUMENT # P00000062793 1. Entity Name HEAVY IRON ERECTORS, INC. 07-28-2008 90032 045 \*\*\*150 00 Principal Place of Business Mailing Address 1421 NW 65 AVE 1421 NW 65 AVE PLANTATION, FL 33313 PLANTATION, FL 33313 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 12410 NW 39th Street 12410 NW 39th Street Suite, Apt. #, etc. Suite, Apt. #, etc. 07092008 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For oral Springs Springs local 65-1038981 Not Applicable Country \$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. HEATON, MYRTA D Street Address (P.O. Box Number is Not Acceptable) 1421 NW 65 AVE PLANTATION, FL 33313 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signeture required when revisitating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Ba In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Oelate TITLE Change And it on Heaton, Mynta D 12410 NW 394 51. NAME HEATON, MYRTA D NAME STREET ADDRESS 1421 NW 65 AVE STREET ACCRESS coral Springs, FL 33065 CITY-ST-ZIP PLANTATION, FL 33313 CITY-ST-7IP TITLE ☐ Delete TITLE Chance Add Klos HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deteta ☐ Change Addition TATLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-789 Channe ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-7/P Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: CER OR DIRECTOR

**FILED**