2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90024 048 ***150.00

DOCUMENT # P00000097200

1. Entity Name
AIR & WELDING, INC.

94021253

Principal Place of Business	Mailing Address
362 WEST 21 STREET HIALEAH, FL 33010	362 WEST 21 STREET HIALEAH, FL 33010

02032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
9700 NW 115 WAY		9700 NW 115 WAY	
Suite, Apt. #, etc. BAY NO. ONE		Suite, Apt. #, etc. BAY NO. ONE	
City & State MEDLEY, FL		City & State MEDLEY, FL	
Zip 33178	Country DADE	Zip 33178	Country DADE

4. FEI Number 65-1052437 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, ENRIQUE 362 WEST 21 STREET HIALEAH, FL 33010	Name ENRIQUE GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 7001 MIAMI LAKES S City MIAMI LAKES FL Zip Code 33014

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] 2/23/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ENRIQUE 7001 MIAMI LAKEWAY S. MIAMI LAKES, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mayra Gonzalez 7001 Miami Lakeways Miami Lakes, FL 33014	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby 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 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: [signature] 2/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #