


Page 1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098521
 1. Entity Name
NELSON MACHINE SHOP & WELDING, INC.



FILED
06 SEP 28 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13990 NW 22 Ave.
 Suite, Apt. #, etc.

3. Mailing Address
13990 N.W. 22nd. Av
 Suite, Apt. #, etc.

05-06
DO NOT WRITE IN THIS SPACE

4. FEI Number
651050890

Applied For
 Not Applicable

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

City & State
OPALOCKA, Florida

City & State
OPALOCKA, Florida

Zip
33054 Country USA

Zip
33054 Country USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARIUXI SALAZAR

Street Address (P.O. Box Number is Not Acceptable)

7225 NW 25TH ST

City MIAMI FL Zip Code 33122

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: _____ DATE: 10/10/06 11007-007 #300.00

(NOTE: Registered Agent signature required when withdrawing)

January 1, May 1 Fee is \$150.00
 After May 1, Fee is \$350.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE <u>PD</u>	NAME <u>MARIUXI SALAZAR</u> STREET ADDRESS <u>13990 N.W. 22nd Ave.</u> CITY-STATE-ZIP <u>OPALOCKA, Florida 33054</u>
TITLE	NAME <u>PR 9/29</u>
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME

DO NOT WRITE 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)(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 on an attachment with an address, with all other like information.

SIGNATURE: M Salazar PRESIDENT Date: 8/2006

(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR)

CR2E0348 (12/02)

App 202
Id # 65-1050890

4/28/06

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **NELSON MACHINE SHOP & WELDING, INC.**

Thank you for your courtesy in this matter.


MARIUXI SALAZAR
PRESIDENT



8/9/06

WSE

Note: Kindly, please change mailing address
to: { 13990 n.w. 22nd Ave. } physical add.
{ Opa Locke Fl, 33054 }