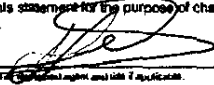
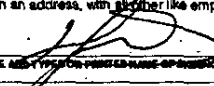


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90032 012 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109579		
1. Entity Name IRON EAGLE WELDING CORP.		
Principal Place of Business 1285 THRUSH AVE MIAMI SPRING, FL 33166		Mailing Address 1285 THRUSH AVE MIAMI SPRING, FL 33166
2. Principal Place of Business 1535W 34 PLACE Suite, Apt. #, etc.		3. Mailing Address 2515 W 72P1 Suite, Apt. #, etc.
City & State Hialeah, FL Zip 33012 Country USA		City & State Hialeah, FL Zip 33016 Country USA
4. FEI Number 85-1059557		Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PEREZ, HENDRY O 1285 THRUSH AVE MIAMI SPRING, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  DATE: 04/29/03 (Signature, printed or printed name of registered agent and title if applicable) (MORE: Registered Agent's signature required where applicable)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	P	☒ Delete
NAME	PEREZ, HENDRY O	
STREET ADDRESS	1285 THRUSH AVE	
CITY-ST-ZIP	MIAMI SPRING, FL 33166	
TITLE	OWNER	☐ Delete
NAME	HENDRY O PEREZ	
STREET ADDRESS	8810 SW 132P1 MIAMI, 33186	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with the other like empowered.		
SIGNATURE:  DATE: 04/29/03 (Signature, printed or printed name of registered agent and title if applicable) (MORE: Registered Agent's signature required where applicable)		

90130627



☒ CHECK HERE IF MAKING CHANGES

CR2034 (11/02)