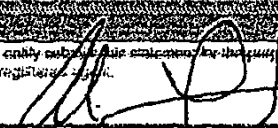
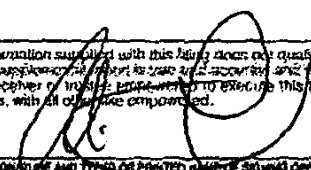


FILED
Jul 24, 2003 8:00 am
Secretary of State

07-10-2003 90114 040 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000033139		
1. Entity Name A AND A WELDING PROFESSIONAL		
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 8171 NW 91ST TERRACE Suite, Apt. #, etc. BAY 5		3. Mailing Address 8171 NW 91ST TERRACE Suite, Apt. #, etc. BAY 5
City & State MEDLEY FL		City & State MEDLEY FL
Zip 33166		Country U.S.A
4. FEI Number 65-1096112		☒ Applied For ☐ Not Applicable
5. Certificate of Sales Desired ☐		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		
Name ALAIN FERNANDEZ		
Street Address (P.O. Box Number is Not Acceptable) 8171 NW 91ST TERR BAY #5		
City MEDLEY State FL Zip 33166		
DO NOT WRITE IN THIS SPACE		
8. The above named entity certifies the statements 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 _____		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 stay or Added to Fees		
10. OFFICERS AND DIRECTORS		
TO: PD FERNANDEZ, ALAIN		
STREET ADDRESS 8171 NW 91 ST TERRACE BAY #5		
CITY-STATE-ZIP MEDLEY FL 33166		
TITLE NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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 139.07(3)(a), Florida Statutes. I further certify that the information included on this report or any information reported is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 officers empowered.		
SIGNATURE:  DATE 7/7/03 PHONE (305) 805-7273		

CR2ED34B (12/02)