

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000002758

1. Entity Name
M & S CUSTOM WELDING, INC.



Principal Place of Business
3625 PEMBROKE RD #C-8
HOLLYWOOD, FL 33021

Mailing Address
3625 PEMBROKE RD #C-8
HOLLYWOOD, FL 33021



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0532537

Applied For
Not Applied

5. Certificate of Status: I have ☐ \$6.75 Additional
fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOLOMON, MARK D
4817 SW 120 AVE
NORTH MIAMI BEACH, FL 33179

**DO NOT WRITE
IN THIS SPACE**

7. 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 required for change of name of registered agent or office of public body)

(Signature required for change of registered agent or office of public body)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

8. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

10.

OFFICERS AND DIRECTORS

PD
NAME
SOLOMON, MARK D
STREET ADDRESS
3625 PEMBROKE RD #C8
CITY- ST- ZIP
HOLLYWOOD, FL 33021

VD
NAME
SOLOMON, STEPHEN A
STREET ADDRESS
1411 N 64 AVE
CITY- ST- ZIP
HOLLYWOOD, FL 33024

TOTF
NAME
STREET ADDRESS
CITY- ST- ZIP

FILE
NAME
STREET ADDRESS
CITY- ST- ZIP

FILE
NAME
STREET ADDRESS
CITY- ST- ZIP

FILE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000312330
04/18/05-80082-001 150.00

**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)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of this corporation or the receiver or trustee empowered to organize this report, as required by Chapter 607, Florida Statutes, and that my name appears in black, 10 or black 11 if changed, or in an attachment with an address, with all other like requirements.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/13/05
(Signature Page 4 of 4)