2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000002758

FILED Feb 13, 2007 Secretary of State

Entity Nam	ne: M&SCUS	STOM WELDING, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	BROKE RD #C- OD, FL 33021	8			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	BROKE RD #C- OD, FL 33021	8			
FEI Number:	02-0532537	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SOLOMON, MARK D 4817 SW 120 AVE NORTH MIAMI BEACH, FL 33179 US			SOLOMON, MARK D 4817 SW 120 AVE COPPER CITY, FL 33	3179 US	
The above in the State	named entity si of Florida.	ubmits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: MARK D SOLOMON				02/13/2007	
	Electroni	c Signature of Registered Ager	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () I SOLOMON, MAR 3625 PEMBROK HOLLYWOOD, F	E RD. #C8	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () I SOLOMON, STE 1411 N 64 AVE HOLLYWOOD, F		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE SOLOMON VP 02/13/2007