2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91155 046 ***150.00

DOCUMENT # P02000016745

1. Entity Name
H & H FABRICATION, CORP.

Principal Place of Business	Mailing Address
~~7001 WEST 35 AVE STE 235~~	~~7001 WEST 35 AVE STE 235~~
~~HIALEAH FL 33018~~	~~HIALEAH FL 33018~~

2. Principal Place of Business	3. Mailing Address
7522 West 35th AVENUE	7522 West 35th AVE
Suite, Apt. #, etc.: HIALEAH	Suite, Apt. #, etc.: HIALEAH
City & State: FLORIDA	City & State: FL.
Zip: 33018 Country:	Zip: 33018 Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0597158 ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SANTOS, ORLANDO J~~	Name: ORLANDO J. DE LOS SANTOS
~~7001 WEST 35 AVE STE 235~~	Street Address (P.O. Box Number is Not Acceptable): 7522 WEST 35th AVENUE
~~HIALEAH FL 33018~~	City: HIALEAH FL Zip Code: 33018

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: ORLANDO J. DE LOS SANTOS [signature] DATE: APRIL 29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ORLANDO J. DE LOS SANTOS	NAME	
STREET ADDRESS	7522 WEST 35th AVE,	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL. 33018	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORLANDO J. DE LOS SANTOS [signature] Date: APRIL 29/03 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)