2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2007 08:00 AM

DOCUMENT # P02000083734 1. Entity Name SOUTH FLORIDA QUALITY WELDING, INC.					Secre	etary of State	
Principal Place 2536 WEST UNIT G1 HIALEAH, FL		Mailing Address 14951 S.W 63 STREET MIAMI, FL 33193			NA STATE WAS ALLE THE STATE OF THE STATE OF	I SERRE HINI KONEN INN ERRITER IN TOOL	
DO NOT WRITE IN THIS SPA			GF\	01202007	01202007 No Chg-P CR2E034 (11/05)		
a, ya isana				4. FEI Numl 06-16 5. Centificat		Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, ERWIN H 14951 S.W 63 STREET MIAMI, FL 33193 8. The above named entity submits this statement for the purpose of changing its register.			red office or re	IN.	NOT WRI	CE	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Poo will be \$560.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	00000061831 02/08/07-8002 1	31 7-011 150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI P PEREZ, ERWIN H 14951 S.W 63 STREET MIAMI, FL 33193	RECTORS				Entropy of the second of the s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				DO IN	NOT WR THIS SPA	TE -	
NAME		:					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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:

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE THE THESE OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

01/19/07 Date

Destine Phone #