

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000003135</b> 1. Entity Name <b>HORSE STEEL ORNAMENTAL GENERAL WELDING, INC.</b>						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">08 AUG 27 PM 12:03</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>2277 NW 21ST TERRACE MIAMI, FL 33142</b>				Mailing Address <b>2277 NW 21ST TERRACE MIAMI, FL 33142</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>MORALES, JUAN I 2277 NW 21ST TERRACE MIAMI, FL 33142</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
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: <span style="font-size: 0.8em;">(NOTE: Registered Agent signature required when reappointing)</span> DATE:							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE: <b>P</b> <input type="checkbox"/> Delete NAME: <b>MORALES, JUAN I</b> STREET ADDRESS: <b>2277 NW 21ST TERRACE</b> CITY-ST-ZIP: <b>MIAMI, FL 33142</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600135284626</b> <b>09/03/08--01013--002 **150.00</b>			
TITLE: <b>VP</b> <input type="checkbox"/> Delete NAME: <b>MORALES, FRANKLING A</b> STREET ADDRESS: <b>2277 NW 21ST TERRACE</b> CITY-ST-ZIP: <b>MIAMI, FL 33142</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing 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 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: <span style="font-size: 0.8em;">SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span>							
Date: _____ Daytime Phone #: _____							