

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90175 043 ***150.00

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1. Entity Name

PEDRO M VAZQUEZ WELDING, CORP.



Principal Place of Business

18801 NW 44 AVE
OPA LOCKA FL 33055

Mailing Address

18801 NW 44 AVE
OPA LOCKA FL 33055



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2339 N.W. 150th St.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

OPA-LOCKA, FL

4. FEI Number

27-0041897

Applied For

Not Applicable

Zip

Country

Zip

Country

33054

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, PEDRO M
18801 NW 44 AVE
OPA LOCKA FL 33055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE PVT ☐ Delete
NAME VAZQUEZ, PEDRO M
STREET ADDRESS 18801 NW 44 AVE
CITY-ST-ZIP OPA LOCKA FL 33055

TITLE V ☐ Delete
NAME MARTINEZ, FIDEL H
STREET ADDRESS 7001 W 35 AVE #193
CITY-ST-ZIP HIALEAH FL 33018

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VT ☐ Change ☒ Addition
NAME Pedro Vazquez
STREET ADDRESS 15066 S.W. 148th PL
CITY-ST-ZIP Miami, FL 33196

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Pedro Vazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #