2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 13, 2007 08:00 AM Secretary of State DOCUMENT # P03000064542 1. Entity Name B.I.C. WELDING SERVICES, INC. Principal Place of Business 4564 NE 11TH AVENUE 4564 NE 11TH AVENUE OAKLAND PARK FL 33304 OAKLAND PARK FL 33304 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato Applied For 4. FEI Number 32-0087802 Not Applicable Zφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAULSON, GERALD L JR Street Address (P.O. Box Number is Not Acceptable) 4564 NE 11TH AVENUE OAKLAND PARK FL 33304 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** THE шш ☐ Delete ☐ Change PAULSON, GERALD NAME NAME 000000705699 04/24/07-80003-004 155.00 4564 NE 11TH AVENUE STREET ADDRESS STREET ADDRESS OAKLAND PARK FL 33304 CITY - ST-ZIP CITY+ST-7IP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-S1-7IP TITLE Detelo me Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete 11111 Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP THLE Delete TITLE Change Addition NAME STRUCT ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TOTAL Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 12. I horeby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath, 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

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