

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064646

FILED
Aug 05, 2008
Secretary of State

Entity Name: ARMANDO'S GENERAL REPAIRS & WELDING, CORP.

Current Principal Place of Business:

11296 NW SOUTH RIVER DRIVE
MEDLEY, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

1151 W 35 ST
HIALEAH, FL 330124937

New Mailing Address:

FEI Number: 54-2115895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, ARMANDO
1151 W 35 ST
HIALEAH, FL 330124937 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TORRES, ARMANDO
Address: 1151 W 35 ST
City-St-Zip: HIALEAH, FL 330124937

Title: PVST () Delete
Name: TORRES, ARMANDO
Address: 1151 W 35 ST
City-St-Zip: HIALEAH, FL 330124937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO TORRES

D

08/05/2008

Electronic Signature of Signing Officer or Director

_____ Date