


2005 FOR PROFIT CORPORATION ANNUAL REPORT

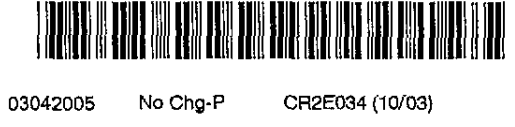
FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000081256
 1. Entity Name
 FRIENDLY WELDING, INC.



Principal Place of Business Mailing Address
 4600 E. 10 LANE 8427 CRESPI BLVD #1
 HIALEAH, FL 33013 MIAMI BEACH, FL 33141

DO NOT WRITE IN THIS SPACE



4. FEI Number Applied For
 05-0579061 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COSTELLA, PABLO D
 4600 E 10 LANE
 HIALEAH, FL 33013

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BORDOGNA, HORACIO E 4600 E 10 LANE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BORDOGNA, ADRIANA M 4600 E 10 LANE HIALEAH, FL 33013
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 03/21/05-80022-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] President 03/24/05 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR