

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086445

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** BEST WELDING & FABRICATION INC.

**Current Principal Place of Business:**

24925 STATE RD 46  
SORRENTO, FL 32776

**New Principal Place of Business:**

31834 VINE STREET  
SORRENTO, FL 32776

**Current Mailing Address:**

24925 STATE RD 46  
SORRENTO, FL 32776

**New Mailing Address:**

P.O.BOX 1025  
SORRENTO, FL 32776

FEI Number: 20-0132497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVIN, PATTI BS EA  
1250 MT HOMER RD.  
STE 3  
EUSTIS, FL 32726 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: P  
Name: AOUN, MAROUN N  
Address: 5047 RISHLEY RUN WAY  
City-St-Zip: MOUNT DORA, FL 32757

I hereby 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 all other like empowered.

SIGNATURE: MAROUN AOUN

PRES

05/04/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date