
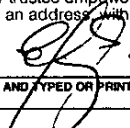


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90085 047 ***150.00

| | | | | | |
|--|--|--|--|---|--|
| DOCUMENT # P03000096719 1. Entity Name WELDING SOLUTION, INC. | | | |  | |
| Principal Place of Business 9334 NW 13 ST #18 MIAMI, FL 33172 | | | Mailing Address 9331 SW 4 ST #103 MIAMI, FL 33174 | | |
| 2. Principal Place of Business 9390 W Flagler ST. | | 3. Mailing Address 9390 W Flagler ST. | | | |
| Suite, Apt. #, etc. #205 | | Suite, Apt. #, etc. #205 | | | |
| City & State Miami, FL. | | City & State Miami, FL. | | | |
| Zip 33174 | | Country DADE | | Zip 33174 | |
| Country DADE | | 4. FEI Number 83-0370725 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent PEREZ, ERNESTO 9334 NW 13 ST. #18 MIAMI, FL 33172 | | | 7. Name and Address of New Registered Agent Name Perez, ERNESTO Street Address (P.O. Box Number is Not Acceptable) 9390 W Flagler ST. #205 City Miami FL Zip Code 33174 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD PEREZ, ERNESTO 9331 SW 4 ST #103 MIAMI, FL 33174 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD FERRER, LARIZA 9331 SW 4 ST #103 MIAMI, FL 33174 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD Perez, ERNESTO 9390 W Flagler ST. #205 Miami, FL. 33174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD Ferrer, LARIZA 9390 W Flagler ST. #205 Miami, FL. 33174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date 04/27/05 Daytime Phone # _____ | | | | | |