


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90006 010 ***550.00

DOCUMENT # P03000114584

1. Entity Name
A TO Z INTERNATIONAL WELDING, INC.



Principal Place of Business: **299 SOUTHWEST 77TH TERRACE
NORTH LAUDERDALE, FL 33068**

Mailing Address: **299 SOUTHWEST 77TH TERRACE
NORTH LAUDERDALE, FL 33068**

2. Principal Place of Business: **5180 N Rowell Rd.**

3. Mailing Address: **299 SW 77th Terr**

Suite, Apt. #, etc.

City & State: **North Lauderdale Fla.**

City & State: **N. Lauderdale Fla**

Zip: **33309** Country: **USA** Zip: **33068** Country: **USA**

07222004 Chg-P CR2E034 (10/03)

4. FEJ Number: **592-05-3653**

Applied For: ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAFF, AMBROSE
299 SOUTHWEST 77TH TERRACE
NORTH LAUDERDALE, FL 33068

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** 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.

SIGNATURE: **AMBROSE S. TAFF**

(NOTE: Registered Agent signature required when reinstating)

DATE: _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	TAFF, AMBROSE	
STREET ADDRESS	299 SOUTHWEST 77TH TERRACE	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **AMBROSE S. TAFF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **08/04/04** Daytime Phone #: **954-776-1177**