


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90250 032 ***158.75

DOCUMENT # P03000114584		
1. Entity Name A TO Z INTERNATIONAL WELDING, INC.		
Principal Place of Business 5780 N POWERLINE RD FORT LAUDERDALE, FL 33309		Mailing Address 299 SOUTHWEST 77TH TERRACE NORTH LAUDERDALE, FL 33068
2. Principal Place of Business 5780 N Powerline Rd		3. Mailing Address 299 SW 77th Terc
Suite, Apt. #, etc.		Suite, Apt. #, etc. U
City & State Fort Lauderdale Fla		City & State North Lauderdale
Zip 33309	Country USA	Zip Fla 33068 Country USA
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	PVST TAFF, AMBROSE 299 SOUTHWEST 77TH TERRACE NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 TAFF <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/25/05 Daytime Phone # 954-557-7437