

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90009 036 \*\*\*150.00

**DOCUMENT # P03000134629**

1. Entity Name

MIAMI AERO WELD, INC.



Principal Place of Business

1900 NW 106TH AVENUE  
PEMBROKE PINES FL 33026

Mailing Address

1900 NW 106TH AVENUE  
PEMBROKE PINES FL 33026

2. Principal Place of Business

2025 GRANT ST.

Suite, Apt. #, etc.

3. Mailing Address

2025 GRANT ST.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

4. FEI Number

20-0371627

Applied For

Not Applicable

Zip

33020

Country

BROWARD

Zip

33020

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHATTUCK, JASON  
1900 NW 106TH AVENUE  
PEMBROKE PINES FL 33026

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

*[Signature]*

JASON R. SHATTUCK, VICE-PRESIDENT

FEB. 3, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BUSH, DANNY W  
STREET ADDRESS 1900 NW 106TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D ☐ Delete  
NAME SHATTUCK, JASON  
STREET ADDRESS 1900 NW 106TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D ☐ Delete  
NAME FIGLER, JOSEPH R.  
STREET ADDRESS 1900 NW 106TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]* JASON R. SHATTUCK

FEB. 3, 2004

Date

786-256-8305

Daytime Phone #