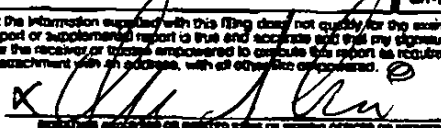


ANNUAL REPORT

DOCUMENT # P04000149484			
1. Entity Name C.L. MACHINERY AND WELDING, CORP.			
Principal Place of Business 7317 NW 46TH ST MIAMI, FL 33166		Mailing Address 7317 NW 46TH ST MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Sutr. Apt. #, etc.		Sutr. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent ABENOZA, BIANCA 7317 NW 46TH ST MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. The above named entity hereby file statements 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, typed in printed name of registered agent not after 9 months. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		10. Section Campaign Financing Trust Fund Contribution. ☐ \$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	P ABENOZA, BIANCA 7317 NW 46TH ST MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LALLI, CARLOS 7317 NW 46TH ST MIAMI, FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 119, 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. 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.			
SIGNATURE: 		5-25-2007	
Signature required on printed name of officer or director		Date	

FILED
May 31, 2007 8:00 am
Secretary of State

05-03-2007 90056 004 ***150.00

5/3

05012007 Chg-P CR2E034 (12/08)

4. FEI Number
20-1834435 Applied For
Not Applicable

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

SIGNATURE: