

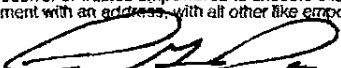


FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000150750 1. Entity Name PINO'S MOBILE WELDING, INC				FEB 03, 2006 08:00 AM Secretary of State	
Principal Place of Business 6011 NE 5TH TERR FT LAUDERDALE, FL 33334		Mailing Address 6011 NE 5TH TERR FT LAUDERDALE, FL 33334			
					
		01282006 No Chg-P CRZE034 (11/05)			
		4. FEI Number 20-1844945		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PINO, PEDRO 6011 NE. 5TH TERRACE FT.LAUDERDALE, FL 33334					
3. 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, 2006 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINO, PEDRO 6011 NE 5TH TERRACE FT.LAUDERDALE, FL 33334				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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; 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: 		1/30/06 (954) 8731882 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					