
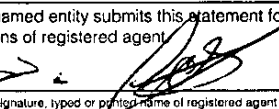
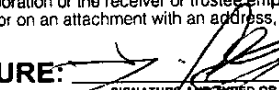


FILED
May 08, 2006 8:00 am
Secretary of State

40088001

DOCUMENT # P05000005221				05-08-2006 90301 021 ***150.00	
1. Entity Name T.G.R. GENERAL WELDING INC.					
Principal Place of Business 12190 N.W. 98 AVENUE BAY #9 HIALEAH GARDEN, FL 33018		Mailing Address 12190 N.W. 98 AVENUE BAY #9 HIALEAH GARDEN, FL 33018			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0533320	
6. Name and Address of Current Registered Agent MARQUEZ, RAMON 7288 WEST 34TH AVENUE HIALEAH, FL 33018				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. <div style="display: flex; justify-content: space-between;"><div>SIGNATURE </div><div>4/30/06 DATE</div></div> <p style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</p>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D MARQUEZ, RAMON 7288 WEST 34TH AVENUE HIALEAH, FL 33018 <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 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: 			4/30/06 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		