2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2006 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P05000013086 1. Entity Name D & D & A ORNAMENTAL IRON & WELDING, CORP.									04-25-2006	90105 03	34 ***15	0.00
Principal Place of Business 4420 NW 73RD AVE MIAMI, FL 33166				Mailing Address 4420 NW 73RD AVE MIAMI, FL 33166				પુ (,			
MIAWI, PL 3	3100		MIAMI, FE 33100				1 (888)	in seiri eshi pela ethi seiri		1 8818) (BMS RI		
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01102006	Chg-P	CR2E03	34 (11/05)	
City & State				City & State				4. FEI Numi	oer 202283	3550	<i>1</i>	plied For at Applicable
Zip	Country			Zip		ountry		5. Certificat	e of Status Desired		8.75 Add ee Require	
6. Name and Address of Current Registered Agent							100		d Address of New Ro	gistered A	gent	
TORRES, DELVIS						Name Street A	<u> </u>	プ<i>ド</i>フと 名	WE143	···		
4995 E PALM CT HIALEAH, FL 33012						Street Address (P.O. Box Number is Not Acceptable)						
							1 10	<u>// J.</u>	W. 847	9. 14	48.	· D-2
							///	inmi		FL	25%	187
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.												and accept
SIGNATURE Skyneture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Ag								211		4/1	F, 85	
	Signature, typed	or printed name of regis	tered agent and title	if applicable. (NOT	E: Registere	d Agent signet	ure required	I when reinstating)	1	SATE		
FILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10. TITLE	Р	OFFICE	RS AND DIREC	CTORS Delete	11. TITL		ρ		S/CHANGES TO OFFI	CER\$ AND	DIRECTOR:	S-HN 11
NAME	TORRES, DAYMI			NAM Stre			1000	ES WA	WILL AVE		_ € Citatige	
STREET ADDRESS CITY+ST-ZIP	440 NW 23 CT #5 MIAMI, FL 33125					ET ADDRESS -ST-ZIP	Th:	ami. Fl	7,33 1414, AVE 1.33/89			
TITLE	V	** •		☐ Delete	TITL						Change	☐ Addition
name Street address	TORRES 4995 E P	•			NAME \$treet address							
CITY-ST-ZIP	HIALEAH, FL 33012					-ST-ZIP						
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STREET ADDRESS	440 NW 23 CT #5					ET ADDRESS	194	1 s.w.	33/89			
CITY-ST-ZIP	MIAMI, FI	L 33125		☐ Defete	CITY TITL		1111	nm, M	. 33/07		☐ Change	Addition
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CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITL				<u></u>		☐ Change	Addition
name Street address					NAME STREE							
CITY+ST-ZIP		<u>.</u>				-ST-ZIP		<u> </u>				
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 apport is true and tax my signal 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 usetee empowered to execute this report as equired 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR