2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 27, 2006 8:00 am Secretary of State DOCUMENT # P05000024383 1. Entity Name 02-27-2006 90079 004 ***150.00 C&W WELDING SERVICE, INC Principal Place of Business Mailing Address 12450 SW 1ST COURT PLANTATION FL 33325 12450 SW 1ST COURT PLANTATION FL 33325 2. Principal Place of Business 3. Mailing Address <u>12450 SW 14 CT</u> <u>12450 SW 154 CT</u> Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State anta 20 23765/I Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33<u>325</u> Broward Fee Required Droward 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name earson PEARSON, CHARLES 12450 SW 1ST COURT (P.O. Box Number is Not Acceptable) PLANTATION FL 33325 Zip Code ろろろみ Cit 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 <u>አው</u>ያ (NOTE: Registered Agent sig FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change Addition ☐ Delete PEARSON, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 12450 SW 1ST COURT CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33325 ☐ Change ☐ Addition TITLE TITLE YEARWOOD, WINSTON NAME NAME STREET ADDRESS STREET ADDRESS 3931 SW 59TH AVENUE CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this liling does not qualify for the exemptions contained in Section 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:

G OFFICER OR DIRECTOR

954 931 8275

FILED