

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90097 034 ***150.00

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1. Entity Name
 ADVANCE WELDING, INC.



Principal Place of Business
 591 NW 75TH STREET
 MIAMI, FL 33150

Mailing Address
 591 NW 75TH STREET
 MIAMI, FL 33150

60028691



2. Principal Place of Business
591 NW 71 STREET

3. Mailing Address
591 NW 71 STREET

04122006 Chg-P CR2E034 (11/05)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
20-2640360

Applied For
 Not Applicable

Zip
33150

Country
DADE

Zip
33150

Country
DADE

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

6. Name and Address of Current Registered Agent

VIRGIL, JOSUE
 591 NW 75TH STREET
 MIAMI, FL 33150

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
 NAME **ADECLAS, PIERRE** Delete
 STREET ADDRESS **1025 NW 143RD STREET**
 CITY-ST-ZIP **MIAMI, FL 33168**

TITLE
 NAME **VIRGIL, JOSUE** Delete
 STREET ADDRESS **15770 NW 7TH AVE SUITE B**
 CITY-ST-ZIP **MIAMI, FL 33169**

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME **VIRGIL, JOSUE** Change Addition
 STREET ADDRESS **1770 SW 87 Terrace**
 CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 **751-3944**
 Date Daytime Phone #