## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000057495

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

04-19-2006 90102 044 \*\*\*150.00

ADVÁNCED WELDING SOLUTIONS, INC.											
Principal Place of Business  4801 W. 3RD AVENUE 7725 W 26AUE HIALEAH, FL 33012 4F5 Haleah FL 33014			Mailing Address 4801-W. 3RD AVENUE 315 いん3rd ST HIALEAH, FL 33012			4.220					
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04172006	Chg-P	CR2E0	34 (11/05)		
City & State			City & State			4. FEI Numb	oer 3016758	·		oplied For ot Applicable	
Zip	Country		Zip	Country		5. Certificate	of Status Desired		\$8.75 Add	titional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name						
GATO, VICENTE 4801-W. 3RD AVENUE 315 West 63rd STreet HIALEAH, FL 33012->					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Cod	е	
8. The above the obligation	named entit tions of regist	y submits this statement for tered agent.	the purpose of changing its	register	ed office or regis	stered agent, or bo	oth, in the State of F	lorida. I am I	amiliar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered agent a	nd title if applicable. (NO)	E: Registere	ed Agent signature requ	uired when reinstating)		DATE			
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Trust Fund Contribu						\$5.00 May Be Added to Fees					
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	EICEDS AND	DIDECTOR	C INI 11	
TITLE	DP		☐ Delete	trru		, and the state of	7011/41020 10 01	I IOLIIO AIIO	☐ Change	Addition	
NAME	GATO, VICENTE				Œ				☐ Change	☐ Vooition	
STREET ADDRESS 4801-W. 3RD AVENUE 315 W			oest 63rd ST		EET ADORESS						
CITY-ST-ZIP HIALEAH, FL 33012				CITY	'-\$1-ZIP						
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NAME	CATO MARTHA				ie l				Change	Addition	
STREET ADDRESS	215110011-2-451				EET ADDRESS						
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NAME				NAM						☐ ADDITION	
STREET ADDRESS					EET ADDRESS						

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 pure like expressivered.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

SIGNATURE AND OFFICER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

786 201-11-64

Daytime Phone #