

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089970

Entity Name: SOCARRAS WELDING CORP.

FILED  
May 30, 2007  
Secretary of State

**Current Principal Place of Business:**

3002 SW 147 CT  
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

3002 SW 147 CT  
MIAMI, FL 33185

**New Mailing Address:**

FEI Number: 34-2050226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOCARRAS, LIDIA  
3002 SW 147 CT  
MIAMI, FL 33185 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SOCARRAS, ARIEL  
Address: 3002 SW 147 CT  
City-St-Zip: MIAMI, FL 33185

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SOCARRAS, ARIEL JR  
Address: 3002 SW 147 CT  
City-St-Zip: MIAMI, FL 33185

Title: VP ( ) Change (X) Addition  
Name: SOCARRAS, CARLOS M  
Address: 3002 SW 147 CT  
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIDIA SOCARRAS

RA

05/30/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date