


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 06, 2008 08:00 AM
Secretary of State**

DOCUMENT # P06000088980 1. Entity Name EAST COAST WELDERS, INC.	
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Principal Place of Business 1981 OPS LOCKA BLVD OPA LOCKA, FL 33054	Mailing Address 1981 OPS LOCKA BLVD OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5153552	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ZUNIGA, ERIC M
1981 OPS LOCKA BLVD
OPA LOCKA, FL 33054

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 STREET ADDRESS CITY-ST-ZIP	DPS ZUNIGA, ERIC M 1981 OPS LOCKA BLVD OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MCGOEY, SCOTT 12904 IXORA CIRCLE MIAMI, FL 33181
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03/21/08-80005-001 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____