2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000022816

Title:

Name:

Address:

City-St-Zip:

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SALERNO, ROBERT V

280 SW 63RD AVENUE

PLANTATION, FL 33317 US

FILED Jul 02, 2008 Secretary of State

Entity Nai	me: INTEGRITY	WELDING INC.					
Current P	rincipal Place of	Business:	New Princ	New Principal Place of Business:			
16932 N CALDER DRIVE LOXAHATCHEE, FL 33470 US			16932 W. CALDER DRIVE LOXAHATCHEE, FL 33470 US				
Current M	lailing Address:		New Maili	New Mailing Address:			
16932 N CALDER DRIVE LOXAHATCHEE, FL 33470 US			16932 W.CALDER DRIVE LOXAHATCHEE, FL 33470 US				
FEI Number:	: 20-8506427 F	El Number Applied For()	FEI Number Not App	licable()	Certificate of Status Desire	d (X)	
Name and	l Address of Curi	ent Registered Agent:	Name and	Name and Address of New Registered Agent:			
280 SW 63 PLANTATI The above in the State	named entity sub e of Florida.	US mits this statement for the ເ	purpose of changing i	its registered	office or registered agent,	or both,	
SIGNATUI		Signature of Registered Ag	ent		 Date		
Election Car	ce with s. 607.193(2)	(b), F.S., the corporation did no ust Fund Contribution ().	ot receive the prior notic		S TO OFFICERS AND DIF	RECTORS	
Title: Name: Address: City-St-Zip:	DVP () Del GOSSMAN, JAMIE 16932 N CALDER I LOXAHATCHEE, FL	DRIVE	Title: Name: Address: City-St-Zip:	SALERNO, JA 16932 W. CA			
Title: Name: Address: City-St-Zip:	P () Del SALERNO, MICHAE 16932 N CALDER I LOXAHATCHEE, FL	ELV PRIVE	Title: Name: Address: City-St-Zip:	SALERNO, M 16932 W. CA			

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAIME SALERNO DVP 07/02/2008

() Change () Addition