


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90003 038 ***550.00

DOCUMENT # P96000023788 1. Entity Name ARTISTIC WELDING DESIGN, INC.	
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Principal Place of Business 7520 S.W. 16TH STREET MIAMI, FL 33155	Mailing Address 7520 S.W. 16TH STREET MIAMI, FL 33155
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34064162



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0654329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANTICH, NESTOR 7520 S.W. 16TH STREET MIAMI, FL 33155
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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 \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTICH, NESTOR 7520 S.W. 16TH STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MIGUEL A 7520 S.W. 16TH STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, ADOLFO J 7520 SW 16TH STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: NESTOR ANTICH 7/8/04 (305) 246-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #