2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P96000074037 1. Entity Name HEAVY IRON WELDING, INC. 08 APR 30 PM 1: LL Principal Place of Business Mailing Address 12410 NW 39 ST 12410 NW 39 ST POMPANO BEACH, FL 33065 POMPANO BEACH, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FFI Number 65-0692270 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VASQUEZ, JUAN Street Address (P.O. Box Number is Not Acceptable) 12410 NW 39 ST POMPANO BEACH, FL 33065 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE n ☐ Delete TITLE Change ☐ Addition VASQUEZ, JUAN NAME NAME STREET ADDRESS 12410 NW 39 ST STREET ADDRESS POMPANO BEACH, FL 33065 CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE VASQUEZ, MYRTA NAME STREET ADDRESS 12410 NW 39 ST STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33065 CITY-ST-ZIP TITLE DEARPIO ☐ Delete TITLE ☐ Change ☐ Addition NAME ABNO, JAVIER NAME STREET ADDRESS 12410 NW 39 ST STREET ADDRESS CITY-ST-7IP POMPANO BEACH, FL 33065 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition Javier Carpio 7615 sardtoga Lane NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Parkland, FL 33067 CITY+ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 entopy were do 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 emphwered. SIGNATURE:

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