2006 FOR PROFIT CORPORATION ANNUAL REPORT

07-19-2006 90001 034 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07072006 Chg-P CR2E034 (11/05)

DOCUMENT # P96000074567

1. Entity Name
SPECIALIZED PORTABLE WELDING SERVICE & REPAIR, INC.

Principal Place of Business	Mailing Address
9170 S.W. 192 DR MIAMI, FL 33157 US	9170 S.W. 192 DR MIAMI, FL 33157 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-0694490 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ECHEVARRIA, RICHARD 9170 SW 192 DR MIAMI, FL 33157	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECHEVARRIA, RICHARD 9170 SW 192 DR MIAMI, FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ECHEVARRIA, PEDRO 19980 S.W. 84 AVE MIAMI, FL 33189	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Richard Echevarria 7-10-06 305-234-1298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTN: MARQUITTA 850-245-6017

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I RICHARD ECHEVARRIA D.B.A. SPECIALIZED PORTABLE WELDING SERVICES REPAIR, INC. REFERENCE # P46000074567 CALLED THE DIVISION OF CORPORATIONS IN JUNE TO TELL YOU THAT I RECEIVED A NOTICE THAT MY COMPANY WILL BE DISSOLVED AND I ~~FAILED~~ WAS TOLD TO WRITE A LETTER. STATING THAT I RECEIVED ONLY THE DISSOLVED NOTICE WHIC I SENT WITH MY PAYMENT OF $150.00. THIS LETTER IS IN RESPONS TO THE LETTER SENT TO YOU ON JULY 20. I NEED YOUR HEL IN RESOLVING THIS MATTER. THANK YOU, RICHARD ECHEVARRIA