

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000059347

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** C.G.M. MOBILE WELDING & FABRICATING INC.

**Current Principal Place of Business:**

5881 NW 18 CT  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

5881 NW 18 CT  
SUNRISE, FL 33313

**New Mailing Address:**

**FEI Number:** 65-0766179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, CLYDE H  
5881 NW 18 CT  
FORT LAUDERDALE, FL 33313 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WILLIAMS, CLYDE H  
Address: 5881 NORTHWEST 18 COURT  
City-St-Zip: SUNRISE, FL 33313

Title: D  
Name: WILLIAMS, ELFREDA  
Address: 5881 NORTHWEST 18 COURT  
City-St-Zip: SUNRISE, FL 33313

I hereby 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 all other like empowered.

SIGNATURE: CLYDE WILLIAMS

PRES

02/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date