


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000025062 1. Entity Name PROFESSIONAL IRON WELDING, INC.	
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Principal Place of Business 5380 SW 61ST AVE DAVIE, FL 33314	Mailing Address 5380 SW 61ST AVE DAVIE, FL 33314
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DO NOT WRITE IN THIS SPACE



05212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0820476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FIGUEROA, DUVERILDO R
5380 SW 61 ST AVE
DAVIE, FL 33314**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUEROA, DUVERILDO R 5380 SW 61ST AVE DAVIE, FL 33314
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06/04/08-80062-022 150.00

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IN THIS SPACE**

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: _____ **5-21-08** **(954) 732-2512**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #