

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90135 008 ***150.00

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03292004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000066608 1. Entity Name HERNANDEZ MOBILE WELDING INC.					
Principal Place of Business 2217 SW 57TH AVENUE #9 HOLLYWOOD, FL 33023			Mailing Address 2217 SW 57TH AVENUE #9 HOLLYWOOD, FL 33023		
2. Principal Place of Business 2417 SW ANGUS AVE. Suite, Apt. #, etc.		3. Mailing Address 2417 SW ANGUS AVE. Suite, Apt. #, etc.			
City & State PORT ST. LUCIE Zip 34953 Country		City & State PORT ST. LUCIE Zip 34953 Country		4. FEI Number 65-0884985	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, ESTUARDO 2217 SW 57TH AVENUE #9 HOLLYWOOD, FL 33023			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 HERNANDEZ, ESTUARDO 2217 SW 57TH AVENUE HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Estuado Hernandez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/20/04 <small>Date</small>		954-347-4071 <small>Daytime Phone #</small>