## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 04, 2006 08:00 AM Secretary of State DOCUMENT # P99000015427 COTO GENERAL WELDING INC. Principal Place of Business Mailing Address 10114 SW 22 TERR MIAM) FL 33165 10114 SW 22 TERR MIAMI FL 33165 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 65-0898389 Not Applicat Country Zio Country Zip \$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 Name COTO, MARGARITO 10114 SW 22 TERR Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 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 access 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) DA)E FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ( After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Add"" TITLE ☐ Delete NAME COTO, MARGARITO MAME U00000491188 STREET ADDRESS STREET ADDRESS 10114 SW 22 TERR 04/19/06-80011-021 150.00 CITY-ST-ZIP MIAMI FL 33165 CHY-SY-ZIP ☐ Defete TITLE ☐ Change ☐ Fitting TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z@ ☐ Chance T Address TITLE ☐ Delete 717LE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P Change TATLE Delete RITTE The state of NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P Delete TITLE Change Add\*\*\* 2)112 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-27P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other high empowered.

**FILED** 

4(3)06 786-156-5510