

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90474 043 ***150.00

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03282007 Chg-P CR2E034 (12/06)

DOCUMENT # P99000015427 1. Entity Name COTO GENERAL WELDING INC.			
Principal Place of Business 10114 SW 22 TERR MIAMI, FL 33165		Mailing Address 10114 SW 22 TERR MIAMI, FL 33165	
2. Principal Place of Business - No P.O. Box # 5550 NW 84 Ave Suite, Apt. #, etc.		3. Mailing Address 5550 NW 84 Ave Suite, Apt. #, etc.	
City & State Doral, FL Zip 33166		City & State Doral, FL Zip 33166	
Country USA		Country USA	
4. FEI Number 65-0898389		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTO, MARGARITO 10114 SW 22 TERR MIAMI, FL 33165		7. Name and Address of New Registered Agent Name Margarito Coto Street Address (P.O. Box Number is Not Acceptable) 5550 NW 84 Avenue City Miami FL Zip Code 33166	
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 <u><i>Margarito Coto</i></u> DATE <u><i>4/3/28/07</i></u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PTD COTO, MARGARITO 10114 SW 22 TERR MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VIVAS, VIANNY 2296 W 68 ST. HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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: <u><i>Margarito Coto</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u><i>4/3/28/07</i></u> <small>Daytime Phone #</small>	