


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90081 003 ***550.00

DOCUMENT # V66484
 1. Entity Name
EAGLE WELDING SERVICE, INC.



Principal Place of Business
**7305 N. OAKMONT DRIVE
 MIAMI, FL 33015**

Mailing Address
**P.O. BOX 171836
 HIALEAH, FL 33017**

20063849



07082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0359287	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
**TREMBLE, KHOURTNEY
 10933 SW 5TH COURT
 APT. 204
 PEMBROKE PINES, FL 33025**

DO NOT WRITE 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: 7/8/05

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TREMBLE, HERBERT 7305 N OAKMONT DR MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TREMBLE, VERNA 7305 N OAKMONT DR MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TREMBLE, HERBERT V II (address change attached) 19390 COLLINS AVENUE PENTHOUSE 02, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TREMBLE, KHOURTNEY 19390 SW 5TH COURT, APT. 204 PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

ATTACHMENT

20063849

Changes

#V66484

address change:

Herbert V. Tremble, II

5237 S.W. 158 Avenue

Miramar, FL 33027

305-788-1692