


2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90010 018 \*\*\*150.00

**DOCUMENT # P01000022863**

1. Entity Name  
**VELASCO ART & GLASS, CORP.**



Principal Place of Business Mailing Address

4461 SW 10 ST. 4461 SW 10 ST.  
 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

2. Principal Place of Business 3. Mailing Address

*9300 Fontainebleau Blvd #311* *9300 Fontainebleau Blvd*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*#311* *#311*  
 City & State City & State  
*Miami, FL* *Miami, FL*  
 Zip Country Zip Country  
*33172* *33172*



02162004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
 65-1079483 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELASCO, PABLO  
 1825 SALZEDO ST. #5  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name *Velasco, Pablo*  
 Street Address (P.O. Box Number is Not Acceptable)  
*9300 Fontainebleau Blvd #311*  
 City *Miami* FL Zip Code *33172*

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 *Pablo Velasco* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VELASCO, PABLO	
STREET ADDRESS	1825 SALZEDO ST. #5	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FERRIGNO, GIULIANNA	
STREET ADDRESS	1825 SALZEDO ST. #5	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Velasco Pablo	
STREET ADDRESS	9300 Fontainebleau Blvd #311	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	Vicepresident	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9300 Fontainebleau Blvd #311	
CITY-ST-ZIP	Miami, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Pablo Velasco* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: Daytime Phone #