## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 11, 2004 8:00 am Secretary of State

DOCUMENT # P02000072172  1. Entity Name VELMAR ASSOCIATES, INC.					03	-11-2004 900	010 021 ***	*150.00		
Principal Plac	e of Rusiness	Mailing Address					540	1693	3.0	
21482 SUMMERTRACE CIRCLE BOCA RATON, FL 33428		21482 SUMMERTRACE CIRCLE BOCA RATON, FL 33428					UTU	1100		
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03082004	Chg-P	CR2E034	(10/03)		
City & State		City & State			4. FEI Number 73-1649		•	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		8.75 Add		
	6. Name and Address of Current	Pagistered Agent	<del></del>		79c =	Address of New	Fe	e Require	<del></del>	
	O. Name and Address of Current	negistered Agent	Name		7. Name and 7	Address of New	negisiered Ag	ent		
BROOKS, ROBERT K 370 W CAMINO GARDENS BLVD STE 210 BOCA RATON, FL 33432				Street Address (P.O. Box Number is Not Acceptable)						
BOOKINA	1014, 1 £ 33432									
			City		<del></del>		FL	Zip Code	e	
8. The above	named entity submits this statement for	r the purpose of changing its o	edistered office or	registere	ed agent or both	in the State of F		niliar with	and accept	
the obligat	ions of registered agent.	the perpendicular and many many	ogistored office of	registere	ad again, or both	, * *	ionua. Tannai	THINGS WITCH,	and accept	
SIGNATURE.	•	بسب		٠.			7	•		
Old Williams	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signatu	re required	when reinstating)		DATE			
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaig Trust Fund Contril		<b>\$5.</b> l Adde	00 May Be ed to Fees	· · · · · · · · · · · · · · · · · · ·				
10.	OFFICERS AND		11.		ADDITIONS/C	CHANGES TO OF	FICERS AND D	RECTORS	3 IN 11	
TITLE	PD NUCTO MARCIELA	🙀 Deleta	TITLE				[	Change	Addition	
NAME STREET ADDRESS	MUSTO, MARCELA 21482 SUMMERTRACE CIRCLE	:	NAME STREET ADDRESS				•			
CITY-ST-ZIP	BOCA RATON, FL 33428	•	CITY-ST-ZIP				•			
TITLE	TD	☐ Delete	TITLE		<del>" " " " " " " " " " " " " " " " " " " </del>		· · · · ·	Change		
NAME	VELASQUEZ, OSCAR		NAME	PTD			•	#Z 2-	☐ Addition	
STREET ADDRESS	5535 N. MILITARY TRAIL, #180		•						☐ Addition	
CITY-ST-ZIP			STREET ADDRESS						☐ Addition	
	BOCA RATON, FL 33496		CITY-ST-ZIP							
1	BOCA RATON, FL 33496	☐ Delete	CITY-ST-ZIP	450 CM 40	· ~=	in the state of the state of	(	] Change	☐ 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.

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GNATURE AND TYPED OR PRIMTED NAME OF SIGNING OFFICER OR DIRECTOR

13/8/2014 - 561-4708849