

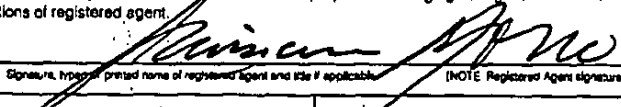
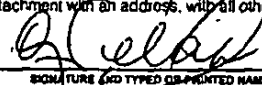
2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-07-2005 90261 001 ***100.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40027150

DOCUMENT # P02000072172			
1. Entity Name VELMAR ASSOCIATES, INC.			
Principal Place of Business 21482 SUMMERTRACE CIRCLE BOCA RATON, FL 33428		Mailing Address 21482 SUMMERTRACE CIRCLE BOCA RATON, FL 33428	
2. Principal Place of Business 910 West Avenue		3. Mailing Address 910 West Avenue	
Suite, Apt. #, etc. Apt. 218		Suite, Apt. #, etc. Apt. 218	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139	Country	Zip 33139	Country
4. FEI Number 73-1649156		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOKS, ROBERT K 370 W CAMINO GARDENS BLVD STE 210 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Miriam De Toro CPA, PA Street Address (P.O. Box Number is Not Acceptable) 231 Altara Avenue City Coral Gables FL Zip Code 33146	
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  DATE 3/1/05 Signature, in proper printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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 VELASQUEZ, OSCAR 5535 N. MILITARY TRAIL, #1801 BOCA RATON, FL 33496 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 910 West Avenue, Apt. 210 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000058478350 08/11/05--01035--005 ***50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		3/1/2005 Date Daytime Phone #	

8/920