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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40027150

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000072172

1. Entity Name
VELMAR ASSOCIATES, INC.

Principal Place of Business	Mailing Address
21482 SUMMERTRACE CIRCLE BOCA RATON, FL 33428	21482 SUMMERTRACE CIRCLE BOCA RATON, FL 33428

03012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
910 West Avenue	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 [signature] 3/1/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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

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] 3/1/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/9 ad