


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90032 050 ***158.75

DOCUMENT # P04000110329

1. Entity Name
PATVEL, INC.



Principal Place of Business
**9006 SW 137 STREET
 BUILDING 5 - APT. H
 MIAMI, FL 33176**

Mailing Address
**9006 SW 137 STREET
 BUILDING 5 - APT. H
 MIAMI, FL 33176**

2. Principal Place of Business
9006 SW 137 St Building 5

3. Mailing Address
9006 SW 137 St Building 5

Suite, Apt. #, etc.
APT H

Suite, Apt. #, etc.
APT H

City & State
MIAMI, FL

City & State
MIAMI, FL


Zip
33176

Country
USA

Zip
33176

Country
USA

50056801



07042005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1444057

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VELASCO, ALFONSO
 9006 SW 137 STREET
 BUILDING 5 - APT. H
 MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VELASCO, PATRICIA	
STREET ADDRESS	9006 SW 137 STREET BLDG. 5 #H	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	V	<input type="checkbox"/> Delete
NAME	VELASCO, MONICA	
STREET ADDRESS	9006 SW 137 STREET BLDG. 5 #H	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VELASCO, ALFONSO	
STREET ADDRESS	9006 SW 137 STREET BLDG. 5 #H	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	T	<input type="checkbox"/> Delete
NAME	VELASCO, JOHANNA	
STREET ADDRESS	9006 SW 137 STREET BLDG. 5 #H	
CITY-ST-ZIP	MIAMI, FL 33176	
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		<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		
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: *Patricia Velasco* **(754) 368-4067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #