


**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90164 038 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P98000063063</b> 1. Entity Name <b>SANDRA VELEZ-FELFLE, P.A.</b>	
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20055314

Principal Place of Business <b>2565 SW 27TH AVENUE          MIAMI, FL 33133 US</b>	Mailing Address <b>2565 SW 27TH AVENUE          MIAMI, FL 33133 US</b>
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0853151</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**VELEZ-FELFLE, SANDRA  
 2665 SW 27TH AVENUE  
 MIAMI, FL 33133**

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 IN THIS SPACE

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, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when rechartering) DATE \_\_\_\_\_

FILE NOW!! FEB 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

TITLE	D	<b>VELEZ-FELFLE, SANDRA          3059 MATILDA ST.          COCONUT GOEMAMI, FL 33133</b>
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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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 authorized.

**SIGNATURE:** X Sandra Velez-Felfle      04-28-05      365-858-9577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #