

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V12330

FILED  
Mar 03, 2011  
Secretary of State

**Entity Name:** THE VELCON GROUP, INC.

**Current Principal Place of Business:**

702 SW PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

702 SW PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 65-0314453      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VELASCO, ERNESTO  
702 SW PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34953      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VELASCO, ERNESTO  
Address: 702 S.W. PORT ST. LUCIE BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S  
Name: VELASCO, NEDRA  
Address: 702 S.W. PORT ST. LUCIE BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D  
Name: VELASCO, ERNESTO SR  
Address: 702 S.W. PORT SAINT LUCIE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D  
Name: PORCH, C EDWARD  
Address: 702 S.W. PORT ST. LUCIE BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERNESTO VELASCO

PRES

03/03/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date