

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000012823

Entity Name: VELOVITA INC**Current Principal Place of Business:**785 SHOTGUN ROAD
SUNRISE, FL 33326**Current Mailing Address:**785 SHOTGUN ROAD
SUNRISE, FL 33326**FEI Number:** 84-4717383**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARA, KOSTA
785 SHOTGUN ROAD
SUNRISE, FL 33326 US*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**Officer/Director Detail :**

Title	PD
Name	GARA, KOSTA
Address	785 SHOTGUN ROAD
City-State-Zip:	SUNRISE FL 33326

Title	TD
Name	BARSA, JO
Address	785 SHOTGUN ROAD
City-State-Zip:	SUNRISE FL 33326

Title	D
Name	MACK, JEFF K
Address	785 SHOTGUN ROAD
City-State-Zip:	SUNRISE FL 33326

Title	S
Name	COLODRERO, DENISE DIAZ
Address	785 SHOTGUN ROAD
City-State-Zip:	SUNRISE FL 33326

Title	D
Name	LACORE, TERRY L
Address	785 SHOTGUN ROAD
City-State-Zip:	SUNRISE FL 33326

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: KOSTA GARA**PRESIDENT****04/16/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date