


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90344 015 ***150.00

DOCUMENT # 457883	
1. Entity Name VELASCO LIMITED PARTNERSHIP HOLDINGS, INC.	

Principal Place of Business 4011 WEST FLAGLER STREET SUITE 404 MIAMI, FL 33134	Mailing Address 4011 WEST FLAGLER STREET SUITE 404 MIAMI, FL 33134
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



02162006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1554523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VELASCO, ROLANDO 4011 WEST FLAGLER STREET, #404 MIAMI, FL 33134	7. Name and Address of New Registered Agent Name: Rolando Velasco Street Address (P.O. Box Number is Not Acceptable): 2030 Douglas Road, Suite 105 City: Coral Gables FL Zip Code: 33134
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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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PDT NAME: VELASCO, ROLANDO STREET ADDRESS: 4011 WEST FLAGLER STREET, SUITE 404 CITY-ST-ZIP: MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE: Secretary/Treasurer NAME: Rolando Velasco STREET ADDRESS: 4011 W Flagler Street Suite 404 CITY-ST-ZIP: Miami, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VDVS NAME: VELASCO, ERIC STREET ADDRESS: 4011 WEST FLAGLER STREET, SUITE 404 CITY-ST-ZIP: MIAMI, FL 33134	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: VELASCO, HERIBERTO STREET ADDRESS: 1621 COLLINS AVENUE CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: VELASCO, AGUEDA STREET ADDRESS: 1621 COLLINS AVENUE CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: VELASCO-ESQUIVEL, MIRIAM STREET ADDRESS: 4011 W. FLAGLER ST., SUITE 404 CITY-ST-ZIP: MIAMI, FL 33134	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR