

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 457883

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** VELASCO LIMITED PARTNERSHIP HOLDINGS, INC.

**Current Principal Place of Business:**

2030 S. DOUGLAS ROAD  
SUITE 105  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2030 S. DOUGLAS ROAD  
SUITE 105  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 59-1554523      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VELASCO, ROLANDO  
2030 DOUGLAS RD STE 105  
MIAMI, FL 33134 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: VELASCO, ROLANDO  
Address: 2030 S. DOUGLAS RD, SUITE 105  
City-St-Zip: CORAL GABLES, FL 33134

Title: VDVS  
Name: VELASCO, ERIC  
Address: 2030 S. DOUGLAS RD, SUITE 105  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: VELASCO-ESQUIVEL, MIRIAM  
Address: 2030 S. DOUGLAS RD , SUITE 105  
City-St-Zip: CORAL GABLES, FL 33134

Title: ST  
Name: VELASCO, ROLANDO  
Address: 2030 S. DOUGLAS RD , SUITE 105  
City-St-Zip: CORAL GABLES, FL 33134

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: ROLANDO VELASCO

PDT

02/17/2010

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

\_\_\_\_\_ Date