

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90207 029 ***150.00

DOCUMENT # H28355

1. Entity Name
VELOCITY AIR, INC.



Principal Place of Business
**3500 GATEWAY DR., #205
POMPAÑO BEACH, FL 33069-4870**

Mailing Address
**3500 GATEWAY DR., #205
POMPAÑO BEACH, FL 33069-4870**

44044022



2. Principal Place of Business 3801 S. Ocean Dr.		3. Mailing Address 3801 S. Ocean Dr.	
Suite, Apt. #, etc. #PH-F		Suite, Apt. #, etc. #PH-F	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33019	Country U.S.A.	Zip 33019	Country U.S.A.

04212004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CAZELLA, LOUIS A 3500 GATEWAY DR., #205 POMPAÑO BEACH, FL 33069-4270		7. Name and Address of New Registered Agent Name Cazella, Louis A. Street Address (P.O. Box Number is Not Acceptable) 3801 S. Ocean Dr. #PH-F City Hollywood FL Zip Code 33019	
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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 *[Signature]* DATE 1/27/04
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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PVPS CAZELLA, LOUIS 3500 GATEWAY DR., #205 POMPAÑO BEACH, FL 330694870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS Cazella, Louis 3801 S. Ocean Dr. #PH-F Hollywood, FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: *[Signature]* DATE 1/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR