FOR PROFIT CORPORATION 2005 ANNUAL REPORT (AR)

DOCUMENT # J 47178

1. Entity Name

ESTEBAN VELAZQUEZ, INC

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
55 NW 61ST AVENUE
Suite Apt # etc
City & State
MIAMI FL
Zip
33126-4633
Country
DADE

3. Mailing Address
55 NW 61ST AVENUE
Suite Apt # etc
City & State
MIAMI FL
Zip
33126-4633
Country
DADE

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4. FEI Number
59-2750323

Applied For
Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VELAZQUEZ ESTEBAN
STREET ADDRESS	55 NW 61 AVENUE
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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11.

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CITY-ST-ZIP	

U00000234334
02/18/05-80017-012 150.00

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Esteban Velazquez ESTEBAN VELAZQUEZ 2/10/2005 9AM-4PM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #