2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2008
Secretary of State

DOCUMENT# L06000076265

Entity Name: VELEON, LLC

Current Principal Place of Business:

11191 NW 7 STREET #3
MIAMI, FL 33172

New Principal Place of Business:

8862 WEST FLAGLER STREET #1
MIAMI, FL 33174

Current Mailing Address:

11191 NW 7 STREET #3
MIAMI, FL 33172

New Mailing Address:

8862 WEST FLAGLER STREET #1
MIAMI, FL 33174

FEI Number: 56-2611116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VELEZ, PATRICIA E
11191 NW 7 STREET #3
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

VELEZ, PATRICIA E
8862 WEST FLAGLER STREET #1
MIAMI, FL 33174 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: PATRICIA VELEZ 01/20/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VELEZ, PATRICIA E
Address: 11191 NW 7 STREET #3
City-St-Zip: MIAMI, FL 33172

Title: MGR ( ) Delete
Name: VELEZ, LUIS A
Address: 11191 NW 7 STREET #3
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VELEZ, PATRICIA E
Address: 8862 WEST FLAGLER STREET #1
City-St-Zip: MIAMI, FL 33174

Title: MGR (X) Change ( ) Addition
Name: VELEZ, LUIS A
Address: 8862 WEST FLAGLER STREET #1
City-St-Zip: MIAMI, FL 33174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PATRICIA VELEZ MGR 01/20/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date