


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90034 032 \*\*\*150.00

<b>DOCUMENT # L36111</b> 1. Entity Name <b>VELTRE'S CORPORATION</b>	
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Principal Place of Business <b>LINDA VELTRE 2618 SW 5TH STREET BOYNTON BEACH, FL 33435</b>	Mailing Address <b>2618 SW 5TH AVE BOYNTON BEACH, FL 33435</b>
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40043000



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0177910</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>VELTRE, LINDA 2618 SW 5TH ST. BOYNTON BEACH, FL 33435</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of <del>being</del> registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Linda Veltre</u> <u>LINDA VELTRE</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELTRE, LINDA 6071 N FEDERAL HWY 2618 SW 5th ST. BOCA RATON FL Boynton Bch, FL 33435
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**DO NOT WRITE  
IN THIS SPACE**

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: <u>Linda M. Veltre</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>561-271-3361</u> <small>Daytime Phone #</small>