APR-19-2006 12:04 PM FAMILIA MURGA

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Secretary of State
04-28-2006 90207 037 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M29368

1. Entity Name
VELPER CORPORATION

60030888

Principal Place of Business	Mailing Address
875 71 ST. MIAMI, FL 33141 US	8900 SW 75TH ST. MIAMI, FL 33173

04182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	14300 SW 122 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MIAMI FL
Zip / Country	Zip: 33186 Country: Miami-Dade

4. FEI Number: 59-2651926 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE MURGA, ROSA FALCON
8900 SW 75TH ST.
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name: Ino Velazquez
Street Address (P.O. Box Number is Not Acceptable): 14300 SW 122 CT
City: Miami FL Zip Code: 33186

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: Ino Velazquez [signature] [signature] 4/26/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD VELAZQUEZ, INO 7601 SW 90 AVE MIAMI, FL 33173 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14300 SW 122 CT Miami FL 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DE MURGA, ROSA FALCON 8900 SW 75TH ST MIAMI, FL 33173 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition P GLORIA R VELAZQUEZ 14300 SW 122 CT MIAMI FL 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Ino Velazquez 4/26/06 305-323-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #