


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90171 034 ***150.00

DOCUMENT # P0000052679

1. Entity Name
VELIS & ASSOCIATES, P.A.



Principal Place of Business
782 NE LEJUNE ROAD
530
MIAMI, FL 33126

Mailing Address
P.O. BOX 14-0729
CORAL GABLES, FL 33114



2. Principal Place of Business
5455 SW 8 STREET

3. Mailing Address
Vidal MARINO VELIS

Suite, Apt. #, etc.
SUITE 220

Suite, Apt. #, etc.
P.O. Box 14-0729

City & State
MIAMI FL.

City & State
CORAL GABLES FL.

Zip
33134

Country
U.S.A.

Zip
33134

Country
U.S.A.

04302004 Chg-P CR2E034 (10/03)

4. FEI Number **05-0019318** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VELIS, VIDAL MARINO ESQ
C/O JESUS LEJEUNE ROAD
STE 530
MIAMI, FL 33126

7. Name and Address of New Registered Agent
 Name **VIDAL MARINO VELIS**
 Street Address (P.O. Box Number is Not Acceptable)
90 JESUS F. BUJAN, ESQ
782 NW LEJEUNE Rd Suite 530
 City **MIAMI** FL Zip Code **33126**

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 _____ DATE _____
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. **\$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	PD VELIS, VIDAL MARINO P.O. BOX 14-0729 CORAL GABLES, FL 33114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Vidal Marino Velis **4-30-04** **(305) 444-1148**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #