

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052679

Entity Name: VELIS & ASSOCIATES, P.A.

FILED  
Apr 30, 2011  
Secretary of State

**Current Principal Place of Business:**

2100 PONCE DE LEON, BLVD.,  
SUITE 1111  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

VIDAL MARINO VELIS  
P.O. BOX 14-0729  
MIAMI, FL 33134

**New Mailing Address:**

VIDAL MARINO VELIS  
P.O. BOX 14-0729  
MIAMI, FL 33114

FEI Number: 05-0019318

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VELIS, VIDAL MARINO  
2100 PONCE DE LEON, BLVD.,  
SUITE 1111  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VELIS, VIDAL MARINO  
Address: P.O. BOX 14-0729  
City-St-Zip: CORAL GABLES, FL 33114

Title: D  
Name: VELIS, JOSIE P  
Address: P.O. BOX 14-0729  
City-St-Zip: CORAL GABLES,, FL 33114

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VIDAL MARINO VELIS

PD

04/30/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date