


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90062 028 ***150.00

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| DOCUMENT # P01000068814 |  |
| 1. Entity Name VELASQUEZ SANCLEMENTE INTERNATIONAL INC. | |

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| Principal Place of Business 8215 NW 64 STREET # 3 MIAMI, FL 33166 | Mailing Address 1111 BRICKELL BAY DR. APT 501 MIAMI, FL 33131 |
|---|---|

94043623



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| 2. Principal Place of Business 1155 Brickell Bay Dr. | 3. Mailing Address 1155 Brickell Bay |
| Suite, Apt. #, etc. Suite # 802 | Suite, Apt. #, etc. Suite # 802 |
| City & State Miami FL | City & State Miami, FL |
| Zip 33131 | Country USA |

03032004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-1120624 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent LSP ASSOCIATED, INC. 12916 SW 133RD CT. SUITE B MIAMI, FL 33180 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12956 SW 133rd Ct Suite B City Miami FL Zip Code 33180 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VELAZQUEZ, EDUARDO 1711 BRICKELL BOY DR #507 MIAMI, FL 33137 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: *Eduardo P. Sanclemente*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____