2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000085724 1. Entity Name										EII I	FΛ		
VELOCITY BUSINESS SOLUTIONS, INCORPORATED								FILED 04 APR 30 AN IO: 42					
Principal Place of Business				A Paritiman A adatus and		400		·	•		• • • • • • • • • • • • • • • • • • • •	•	
1107 W. MABBETTE STREET KISSIMMEE, FL 34741				Mailing Address 1107 W. MABBETTE STREET KISSIMMEE, FL 34741				MA	SECR!	ETARY HASSI	OF S EE, FL	TATE ORIDA	
2. Principal Place of Business 3. Mailing Address (2005)													
2. Principal Place of Business (220 S Orange Blossom TR & Orange							n 782			III EENIF EENI			
Suite, Apt. #, etc. Suite 175			Suite, Apt. #, etc. Suite 175				04302004	Chg-	P	CR2E	034 (10/03)	···-	
orlando, FC				orlando,	4. FEI Nu 59-3			er 98260				plied For t Applicable	
33 B	99	ORANA		39809	Cour	ange	0 /	5. Certificate	e of Status D	esired		\$8.75 Add Fee Require	
	6. Name	and Address of	Current R	legistered Agent		7. Name and	d Address o	of New Re	gistered	Agent			
CASTILLO 1107 W. M KISSIMME		O C	O S	P.O. Box Numb	per is Not Ac	(1022C)	n Tk	2 Suc	k175				
1,000,000	-L, 1 L 0 4)	•				
								ndo			FL	- 33%	309
8. The above the obligat	named entit	submits this state	ement før	the purpose of changing its	register	ed office o	r register	ed agent, or bo	oth, in the St	ate of Flor	ida. Iam	familiar with,	and accept
SIGNATURE	Semature, typed	or printed name of realth	The sent ac	d title if applicable. (NOT	E: Begistere	d Agent singer	ure required	when reinstating)		4	1/3	0-04	
(C)	(**************************************										DAIL		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.	PTS	OFFICE	RS AND D	DIRECTORS	11.		F				CERS AND	DIRECTORS	
NAME	CASTILLO, CRUZ E					E E	CAS	#110, C	RUZ 8	E. Alac	SAM	Change	□ Addition □
STREET ADDRESS CITY-ST-ZIP	1	MABBETTE STR EE, FL 34741		ET ADDRESS - ST- ZIP	6220.5 ORange Blossom TR SUI ORIANDO, PZ 30809					3, 10, 173			
TITLE		n		☐ Delete	TITL	Ε			<u>·</u>	-		☐ Change	Addition
NAME STREET ADDRESS					ET ADDRESS	\$\begin{align*} \textbf{1000361} \\ 05/12/0401024-\end{align*}				87241 009 **450.00			
CITY-ST-ZIP					CITY	-ST-ZIP		03/1/	2/040	1024-	-003	- · · · · · · · · · · · · · · · · · · ·	
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NAME	•			_ Duloto	NAM	E	,					Gridings	
STREET ADDRESS CITY-ST-ZIP	1	r				ET ADDRESS -ST-ZIP							
TITLE				☐ Delete	TITLE							☐ Change	Addition
NAME Street address					NAM STRE	E Et address							
CITY-ST-ZIP		ı			CITY	-ST-ZIP							
TITLE NAME				☐ Delete	TITLE							Change	☐ Addition
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP	certify that th	e information supp	lied with t	his filing does not qualify fo rue and accurate and that r		-ST-ZIP mption stat	ted in Sec	ction 1.19.07(3)	(i), Florida S	tatutes, I f	urther cer	tify that the in	formation
indicated of the cor	on this report poration or the or on an atte	rt or supplemental ne receiver of trust achment with an ac	report is t ee empov	rue and accurate and that r vered to execute this report th all other like empowered	ny signa as requi	ture shall h red by Cha	ave the s pter 607	ame legal effé , Florida Statute	ct as if made es; and that	e under oa my name	th; that I appears i	am an officer n Block 10 or	or director Block 11 if
		Mini	1	AAAA									
SIGNAT	URE:	SIGNATURE ANDT	PER OR PR	MED WHIE OF SIGNING OFFICER	OR DIRECT	TOR		····		90 - C		Paytime Phone #	