

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090699

FILED
Feb 06, 2006
Secretary of State

Entity Name: THE LAW OFFICES OF ASTRID VELLON, P.A.

Current Principal Place of Business:

672 N SEMORAN BLVD.
#102
ORLANDO, FL 32807

New Principal Place of Business:

1500 S. SEMORAN BLVD.
ORLANDO, FL 32807

Current Mailing Address:

672 N SEMORAN BLVD.
#102
ORLANDO, FL 32807

New Mailing Address:

1500 S. SEMORAN BLVD.
ORLANDO, FL 32807

FEI Number: 59-3759836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELLON, ASTRID
672 N SEMORAN BLVD.SUITE #102
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

VELLON, ASTRID
1500 S. SEMORAN BLVD.
ORLANDO, FL 32807 US

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: ASTRID VELLON, ESQ.

02/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VELLON, ASTRID ESQ
Address: 672 N SEMORAN BLVD.STE. 102
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VELLON, ASTRID ESQ
Address: 1500 S. SEMORAN BLVD.
City-St-Zip: ORLANDO, FL 32807

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ASTRID VELLON, ESQ.

PRES

02/06/2006

Electronic Signature of Signing Officer or Director

Date