


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004 8:00 am
Secretary of State

05-18-2004 90003 003 ***150.00

| | |
|--|---|
| DOCUMENT # P02000003152 |  |
| 1. Entity Name VELEZ GROUP, INC. | |

| | |
|--|---|
| Principal Place of Business 8405 N. HIMES AVENUE 2ND FLOOR TAMPA, FL 33614 | Mailing Address 12157 W LINEBAUGH AVE #306 TAMPA, FL 33626-1732 |
|--|---|

| | |
|---|---------------------|
| 2. Principal Place of Business 10240 Memorial Highway | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---------------------------------|------------------------|
| City & State Tampa FL | City & State |
| Zip 33615 | Country U.S. |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent VELEZ, RAYMOND REV. 8405 N. HIMES AVENUE 2ND FLOOR TAMPA, FL 33614 | |
|--|--|

| | |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) 10240 Memorial Hwy | |
| City Tampa | Zip Code FL 33615 |

| | |
|---|--|
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| DATE _____ | |

| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VELEZ, RAYMOND REV. 8405 N. HIMES AVENUE 2ND FLOOR TAMPA, FL 33614 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST VELEZ, MARIA D 8405 N HIMES AVE 2ND FLR TAMPA, FL 33614 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, P 10240 Memorial Hwy Tampa FL 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, S 10240 Memorial Hwy Tampa FL 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Eliud Velez 10240 Memorial Hwy Tampa FL 33615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Marcos A. Velez 10240 Memorial Hwy Tampa FL 33615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Benjamin Velez 10240 Memorial Hwy Tampa FL 33615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V, T John Velez 10240 Memorial Hwy Tampa FL 33615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

| | |
|---|------------------------|
| 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: Raymond Velez | 5/13/04 (813) 890-9747 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |

54054648


05132004 Chg-P CR2E034 (10/03)

4. FEI Number
04-3590638

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

See continuation sheet

Attachment

54024648

#P02000003152

Continuation sheet to 2004 Annual Report
for Velez Group, Inc. Document #P02000003152

Item 11.

| | | |
|----------------|------------------------|----------|
| Title | V | Addition |
| Name | Priscilla Velez Torres | |
| Street Address | 10240 Memorial Hwy | |
| City-ST-Zip | Tampa, FL 33615 | |