## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000003152

Entity Name: VELEZ GROUP, INC.

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
10240 MEMORIAL HWY TAMPA, FL 33615				10240 MEMORIAL HIGHWAY TAMPA, FL 33615 US		
Current Mailing Address:				New Mailing Address:		
12157 W LINEBAUGH AVE #306 TAMPA, FL 336261732				12157 W. LINEBAUGH AVE. #306 TAMPA, FL 33626 17		
FEI Number:	04-3590638	FEI Number Applied For()	FEI Num	nber Not Applicable	) Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:		Name and Addr	ess of New Registered Agent:	
	AYMOND REV MORIAL HWY L 33615 US	_				
	named entity e of Florida.	submits this statement for the p	urpose of	changing its regi	stered office or registered agent, or both,	
SIGNATUF	RE:					
	Electror	nic Signature of Registered Age	nt		Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS	S AND DIREC	TORS:		ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP ( VELEZ, REV R 10240 MEMOR TAMPA, FL 33	AIL HWY		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DS ( VELEZ, MARIA 10240 MEMOR TAMPA, FL 33	IAL HWY		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V ( VELEZ, ELIVD 10240 MEMOR TAMPA, FL 33			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ( VELEZ, MARCI 10240 MEMOR TAMPA, FL 33	IAL HWY		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V ( VELEZ, BENJA 10240 MEMOR TAMPA, FL 33	IAL HWY		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VT ( VELEZ, JOHN 10240 MEMOR TAMPA, FL 33			Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REV RAYMOND VELEZ DP 04/25/2005