


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90007 006 ***150.00

DOCUMENT # P02000027556	
1. Entity Name VELOZ AUTO TRANSPORT & TRUCK REPAIR, INC.	

Principal Place of Business 5607 JOYCE STREET ORLANDO, FL 32839 US	Mailing Address 5607 JOYCE STREET ORLANDO, FL 32839 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
43-1957249

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

6. Name and Address of Current Registered Agent
**OLIVA, FRANK R
5607 JOYCE STREET
ORLANDO, FL 32839**

7. Name and Address of New Registered Agent
Name **Diana Porto-Veloz**
Street Address (P.O. Box Number is Not Acceptable)
5607 Joyce St
City **Orlando** FL Zip Code **32835**

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 obligation of registered agent.

SIGNATURE **Diana Porto-Veloz** DATE **7/9/04**
(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELOZ, PEDRO	NAME	Diana Porto-Veloz
STREET ADDRESS	5607 JOYCE STREET	STREET ADDRESS	5607 JOYCE STREET
CITY-ST-ZIP	ORLANDO, FL 32839	CITY-ST-ZIP	Orlando, FL 32835

TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS PORTA, DIANA	NAME	Diana Porto-Veloz
STREET ADDRESS	5607 JOYCE STREET	STREET ADDRESS	5607 JOYCE STREET
CITY-ST-ZIP	ORLANDO, FL 32839	CITY-ST-ZIP	Orlando, FL 32835

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: **Diana Porto-Veloz** DATE **7/9/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR