

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90020 050 \*\*\*150.00

**DOCUMENT # P02000067526**

1. Entity Name  
**AD-CORPUS OF AMERICA CORP.**



Principal Place of Business  
**7751 KINGSPORTE PY.  
SUITE 108  
ORLANDO, FL 32819**

Mailing Address  
**7751 KINGSPORTE PY.  
SUITE 108  
ORLANDO, FL 32819**

**40037772**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

02-0629740

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VELOSO NETO, RAIMUNDO D  
1930 DERBY GLEN DRIVE  
ORLANDO, FL 32837**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **VELOSO, RAIMUNDO S**  
STREET ADDRESS **1930 DERBY GLEN DR.**  
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **D** ☒ Change ☐ Addition  
NAME **VELOSO, RAIMUNDO S.**  
STREET ADDRESS **11415 N. CAMDEN COMMONS DR.**  
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **VP** ☐ Delete  
NAME **VELOSO, ALZIRA M**  
STREET ADDRESS **1930 DERBY GLEN DR.**  
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **VP** ☒ Change ☐ Addition  
NAME **VELOSO, ALZIRA M.**  
STREET ADDRESS **11415 N. CAMDEN COMMONS DR.**  
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **T** ☒ Delete  
NAME **VELOSO, RAFAEL C**  
STREET ADDRESS **1930 DERBY GLEN DR..**  
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **T** ☐ Change ☒ Addition  
NAME **VELOSO, DANIELE**  
STREET ADDRESS **8628 ST. MARINO BLVD.**  
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **S** ☐ Delete  
NAME **VELOSO, DANIELE**  
STREET ADDRESS **1930 DERBY GLEN DR.**  
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **S** ☒ Change ☐ Addition  
NAME **VELOSO, DANIELE**  
STREET ADDRESS **8628 ST. MARINO BLVD.**  
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **P** ☐ Delete  
NAME **VELOSO NETO, RAIMUNDO D**  
STREET ADDRESS **11177 PRAIRIE HAWK DR.**  
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **P** ☒ Change ☐ Addition  
NAME **VELOSO NETO, RAIMUNDO D.**  
STREET ADDRESS **8628 ST. MARINO BLVD.**  
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **R.D. Veloso**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/14/06**

Date

**407-758-2105**

Daytime Phone #