

FILED  
May 04, 2004 8:00 am  
Secretary of State

05-04-2004 90157 008 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000094245

1. Entity Name  
VELART PRODUCTION, INC.



Principal Place of Business  
2225 S.W. 3RD AVENUE  
SUITE 414  
MIAMI, FL 33129

Mailing Address  
2225 S.W. 3RD AVENUE  
SUITE 414  
MIAMI, FL 33129

24069093



2. Principal Place of Business

2501 Brickell Ave  
Suite, Apt. #, etc. 608

3. Mailing Address

2501 Brickell Ave  
Suite, Apt. #, etc. 608

04282004

Chg-P

CR2E034 (10/03)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

11-3650956

Applied For

Not Applicable

Zip 33129

Country USA

Zip 33129

Country USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VELA, WILLIAM J  
2225 S.W. 3RD AVENUE  
SUITE 414  
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name

Vela William J

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

2501 Brickell Ave # 608

City Miami

FL

Zip 33129

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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME VELA, WILLIAM J  
STREET ADDRESS 2225 S.W. 3RD AVENUE  
CITY-ST-ZIP MIAMI, FL 33129

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Vela William J  
NAME 2501 Brickell Ave # 608  
STREET ADDRESS Miami FL 33129  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #