

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111531

Entity Name: VELEZ & SONS GROUP, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

2645 EXECUTIVE PARK DR
STE 415
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

2645 EXECUTIVE PARK DR
STE 415
WESTON, FL 33331

New Mailing Address:

FEI Number: 13-4216513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELEZ, JOSE F
2645 EXECUTIVE PARK DR STE 415
FORT LAUDERDALE, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VELEZ, JOSE F
Address: 2645 EXECUTIVE PARK DR STE 415
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: DV () Delete
Name: IBANEZ, LUISA F
Address: 2645 EXECUTIVE PARK DR STE 415
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: T () Delete
Name: IBANEZ, ISABEL C
Address: 2645 EXECUTIVE PARK DR STE 415
City-St-Zip: WESTON, FL 33331

Title: S () Delete
Name: DEL VALLE, WILLIAM
Address: 2645 EXECUTIVE PARK DR
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: VELEZ, JOSE F
Address: 2645 EXECUTIVE PARK DR. SUITE 415
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: DV (X) Change () Addition
Name: IBANEZ, LUISA F
Address: 2645 EXECUTIVE PARK DR. SUITE 415
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: T (X) Change () Addition
Name: IBANEZ, ISABEL C
Address: 2645 EXECUTIVE PARK DR. SUITE 415
City-St-Zip: WESTON, FL 33331

Title: S (X) Change () Addition
Name: DEL VALLE, WILLIAM
Address: 2645 EXECUTIVE PARK DR. SUITE#415
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSE F VELEZ

DP

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date