2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State
07-11-2005 90121 015 ***150.00
08-16-2005 90038 014 ***400.00

DOCUMENT # P03000050173

1. Entity Name
VELOZ LOCKE, INC.

J00001707

Principal Place of Business	Mailing Address
7626 SOLIMAR CIRCLE BOCA RATON, FL 33433	7626 SOLIMAR CIRCLE BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

06302005 . No Chg-P CR2E034 (10/03)

4. FEI Number
51-0459817
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VELOZ, LUIS A
7626 SOLIMAR CIRCLE
BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VELOZ, LUIS A
STREET ADDRESS	7626 SOLIMAR CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	LOCKE, YOLANDA I
STREET ADDRESS	7626 SOLIMAR CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Luis A Veloz 07/01/05 561-950-2492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #