

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90002 027 ***150.00

DOCUMENT # P03000109681

1. Entity Name
VELAZCO HEALTH AND WELLNESS, INC.



Principal Place of Business
**10300 SUNSET DRIVE
SUITE 311
MIAMI, FL 33173**

Mailing Address
**10300 SUNSET DRIVE
SUITE 311
MIAMI, FL 33173**

54067174



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

16-1690406

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

**VELAZCO, HARRY
124 NW 136 PL
MIAMI, FL 33182**

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
Due by September 8, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P VELAZCO, HARRY
124 NW 136 PL
MIAMI, FL 33182** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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

4/12/04

Date

**305
552-7969**

Daytime Phone #

Attachment

July 12, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Doc# P03000109681
Velazco Health and Wellness, Inc

To Whom It May Concern:

The above said corporation did not file the annual return because we never received the notice by mail. As per the conversation with your department I have included a money order for the amount of \$150.00 and a filed and sign report.

We appreciate your prompt attention to this matter.

Thanks



Yudith Alvarez Gonzalez
Accountant