


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90017 034 \*\*\*150.00

<b>DOCUMENT # P04000005813</b>	
1. Entity Name V.E.L. SERVICES, INC.	

Principal Place of Business 1840 NE 186TH ST, #3A N. MIAMI BEACH, FL 33179	Mailing Address 1667 NE MIAMI GARDEN DR. #242 N. MIAMI BEACH, FL 33179
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2. Principal Place of Business - No P.O. Box # 1667 NE MIAMI GARDEN DR	3. Mailing Address SAME
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Suite, Apt. #, etc. 242	Suite, Apt. #, etc. C
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City & State N. MIAMI BEACH FL	City & State
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Zip 33179	Country	Zip	Country
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01272007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2425355	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ARAGON, HUGO R 1840 NE 186TH ST, #3A N. MIAMI BEACH, FL 33179	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1667 NE MIAMI GARDEN DR. # 242 City N. MIAMI BEACH FL Zip Code 33179
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARAGON, HUGO R 1840 NE 186TH ST, #3A N. MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1667 NE MIAMI GARDEN DR #242 N. MIAMI BEACH - FL. 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 2/09/2006	Daytime Phone #
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