

FOR PROFIT CORPORATION 2006 ANNUAL REPORT

DOCUMENT # P04000016711

1. Entity Name
VELPY ENTERPRISES, INC.



Principal Place of Business
7190 S.W. 14 STREET
PEMBROKE PINES, FL 33023

Mailing Address
7190 S.W. 14 STREET
PEMBROKE PINES, FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052005

Chg-P

CR2E034 (10/03)

4. FEI Number

54-2142942

Applied For

Not Applicable

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

VELIT, LUIS A
11490 N.W. 45 STREET
CORAL SPRINGS, FL 33075

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

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME VELIT, LUIS A
STREET ADDRESS 11490 N.W. 45 STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33075

TITLE Luis A. Velit
NAME VELIT, LUIS A
STREET ADDRESS 11490 N.W. 45 ST.
CITY-ST-ZIP CORAL SPRINGS, FL 33075

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 BOARDING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 JAN 12 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4-5-05