

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057320

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: VELAZQUEZ FAMILY TRANSPORT INC.

## Current Principal Place of Business:

553 NEPTUNE BAY CIRCLE  
# 2  
ST. CLOUD, FL 34769

## New Principal Place of Business:

## Current Mailing Address:

553 NEPTUNE BAY CIRCLE  
# 2  
ST. CLOUD, FL 34769

## New Mailing Address:

FEI Number: 43-2046966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VELAZQUEZ, EDDOEZ  
553 NEPTUNE BAY CIRCLE  
#2  
ST. CLOUD, FL 34769 US

## Name and Address of New Registered Agent:

VELAZQUEZ, EDDOEZ  
1704 MINNOW CT  
KISSIMMEE, FL 34759 US

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: EDDOEL VELAZQUEZ

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VELAZQUEZ, EDDOEZ  
Address: 553 NEPTUNE BAY CIRCLE # 2  
City-St-Zip: ST. CLOUD, FL 34769

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VELAZQUEZ, EDDOEL  
Address: 1704 MINNOW CT  
City-St-Zip: KISSIMMEE, FL 34759

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDDOEL VELAZQUEZ

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date