2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2006 08:00 A DOCUMENT # P04000082223 **Secretary of State** VELERO HOLDINGS, INC. Mailing Address Principal Place of Business 3350 SW 129TH AVE 3350 SW 129TH AVE MIAMI, FL 33175 MIAMI, FL 33175 01252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-3156736 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JORGE E. OTERO & ASSOCIATES, P.A. DO NOT WRITE 75 VALENCIA AVE SECOND FLOOR CORAL GABLES, FL 33134 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of 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 it applicable (NOTE Registered Agent signature required when reinstating) DATE U00000409486 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 02/08/06-80101-012 150.00 Trust Fund Contribution. \Box Added to Fees OFFICERS AND DIRECTORS 10. TITLE D ANLLO, CARLOS NAME STREET ADDRESS 3350 SW 129TH AVE MIAMI, FL 33175 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

12. Thereby certify that the information supplied with this filling 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 comporation 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:

NAME STREET ADDRESS CITY-ST-ZIP

CARLOS ANLLO

NATURE AND TYPED OR PRINTED NAME OF

1/26/06

(305) 812-0052.

Daytime Phone #

FILED