


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90096 035 ***150.00

DOCUMENT # P05000006480 1. Entity Name VELAZQUEZ INVESTMENT GROUP, INC.	
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Principal Place of Business 2540 SW 7 AVENUE MIAMI, FL 33129	Mailing Address 2540 SW 7 AVENUE MIAMI, FL 33129
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40073316



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 87-0738511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VELAZQUEZ, PATRICIA 2540 SW 7 AVENUE MIAMI, FL 33129

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IN THIS SPACE**

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 Patricia Velazquez DATE 4-10-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELAZQUEZ, PATRICIA 2540 SW 7 AVENUE MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FERNANDEZ, CAROLINE - <i>pls change to carolina</i> 2540 SW 7 AVENUE MIAMI, FL 33129
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IN THIS SPACE**

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.

SIGNATURE: Patricia Velazquez 4-10-07 305-300-5211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #