2007 FOR PROFIT COLARATION

DOCUMENT # P05000065746

1. Entity Name
SR. VELA, INC.

Principal Place of Business

Mailing Address

FILED Mar 29, 2007 08:00 Secretary of State

Principal Place of Business 5815 SW 5 STREET **5815 SW 5 STREET** MIAMI, FL 33144 MIAMI, FL 33144 CR2E034 (11/05) No Chg-P 03252007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-3653858 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MILIAN, MARIELA DO NOT WRITE **5815 SW 5 STREET** MIAMI, FL 33144 IN THIS SPACE 8. The above named entity submits this sta of 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regured when remarking) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 \Box After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MILIAN, MARIELA STREET ADDRESS **5815 SW 5 STREET** CITY-ST-ZIP MIAMI, FL 33144 TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000681676 04/04/07-80053-012 150.00 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with the fifting 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 in frue 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 employees 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 arginess, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-300368