

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90088 041 ***150.00

DOCUMENT # P06000022840 1. Entity Name VELMON SPECIAL SERVICES CORP.			
Principal Place of Business 245 NE 53 STREET #2 MIAMI, FL 33137		Mailing Address 245 NE 53 STREET #2 MIAMI, FL 33137	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 31 S.E. 5th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1407	
City & State		City & State Miami, FL	
Zip 33131	Country USA	4. FEI Number 20-4323557 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 VELEZ, CARLOS J 245 NE 53 STREET #2 MIAMI, FL 33137	
7. Name and Address of New Registered Agent Name Andres Montoya Street Address (P.O. Box Number is Not Acceptable) 31 S.E. 5th Street Suite 1407 City Miami FL Zip Code 33131		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: <u>[Signature]</u> Andres Montoya (P) <u>12/30/2006</u> <small>(Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when amending) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTOYA, ANDRES 31 SE 5 STREET #1407 MIAMI, FL 33130	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VELEZ, CARLOS J 245 NE 53 STREET #2 MIAMI, FL 33137	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LALINDE, LUISA F 31 SE 5 STREET #1407 MIAMI, FL 33130	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LALINDE, LUISA F. 31 SE 5th street, #1407 Miami, FL 33131	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>12/30/2006</u> Daytime Phone # <u>(305) 481-5796</u>	

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