2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2008 08:00 AN **DOCUMENT # P06000047523** Secretary of State VELÁZQUEZ FRAME WORKS, INC. Principal Place of Business Mailing Address 604 RALPH STREET **604 RALPH STREET** AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 CR2E034 (11/05) No Cha-P 01152008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-4658633 \$8.75 Additional e for ell of the contract of t 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VELAZQUEZ, JOSE D DO NOT WRITE 604 RALPH STREET AUBURNDALE, FL 33823 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000878414 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 04/11/08-80071-017Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VELAZQUEZ, JOSE D NAME STREET ADDRESS 604 RALPH STREET AUBURNDALE, FL 33823 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 TITI E STREET ADDRESS

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED