

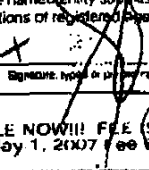
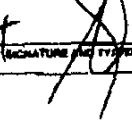
FROM : ALEJANDRO VELAZQUEZ

FAX NO. : 3052251332

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-15-2007 90022 047 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000104356			
1. Entity Name ALEJANDRO VELAZQUEZ PA			
Principal Place of Business 11061 SW 59TH TERRACE MIAMI, FL 33173		Mailing Address P O BOX 440985 MIAMI, FL 33144	
2. Principal Place of Business - No P.O. Box # 15372 SW 10th Street		3. Mailing Address 15372 SW 10th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Florida		City & State Miami, Florida	
Zip 33194	Country USA	Zip 33194	Country USA
4. FEI Number 20-5365573		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELAZQUEZ, ALEJANDRO 11061 SW 59TH TERRACE MIAMI, FL 33173		7. Name and Address of New Registered Agent Name VELAZQUEZ, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 15372 SW 10th Street City Miami FL Zip Code 33194	
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 		DATE	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S VELAZQUEZ, ALEJANDRO 11061 SW 59TH TERRACE MIAMI, FL 33173 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S VELAZQUEZ, ALEJANDRO 15372 SW 10th Street Miami, Florida 33194 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 affidavit, with all other like empowered.			
SIGNATURE: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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