FROM :ALEJANDRO VELAZQUEZ FAX NO. :3052251332

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Secretary of State
03-15-2007 90022 047 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000104356

1. Entity Name
ALEJANDRO VELAZQUEZ PA

G6007627

Principal Place of Business	Mailing Address
11061 SW 59TH TERRACE MIAMI, FL 33173	P O BOX 440985 MIAMI, FL 33144

02192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15372 SW 10th Street	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: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 10	
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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #