

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90014 038 \*\*\*150.00

<b>DOCUMENT # P06000129202</b> 1. Entity Name <b>VELASQUEZ DESIGN, CORP</b>					
Principal Place of Business 17060 NW 81 AVENUE 1 HIALEAH, FL 33015			Mailing Address 17060 NW 81 AVENUE 1 HIALEAH, FL 33015		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">11-3793743</div> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03102007      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>VELASQUEZ, CARLOS</b> <b>17060 NW 81 AVENUE</b> <b>1</b> <b>HIALEAH, FL 33015</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;">FL      Zip Code</div>				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 _____ <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee will be \$550.00</b> </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OSORIO, ARMANDO 17060 NW 81 AVENUE SUITE 1 HIALEAH, FL 33015	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VELASQUEZ, CARLOS 17060 NW 81 AVENUE SUITE 1 HIALEAH, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VELASQUEZ, CARLOS 17060 NW 81 AVENUE SUITE 1 HIALEAH, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VELASQUEZ, CARLOS 17060 NW 81 AVENUE SUITE 1 HIALEAH, FL 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VELASQUEZ, CARLOS 17060 NW 81 AVENUE SUITE 1 HIALEAH, FL 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VELASQUEZ, CARLOS 17060 NW 81 AVENUE SUITE 1 HIALEAH, FL 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VELASQUEZ, CARLOS 17060 NW 81 AVENUE SUITE 1 HIALEAH, FL 33015	<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.					
<b>SIGNATURE: X</b> <div style="display: flex; justify-content: space-between;"> <div> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <small>Date</small> </div> <div> <small>Daytime Phone #</small> </div> </div>					