

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000012112

Entity Name: JOLI & VELAZQUEZ, PA

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

815 PONCE DE LEON DRIVE
P307
CORAL GABLES, FL 33134

Current Mailing Address:

815 PONCE DE LEON DRIVE
P307
CORAL GABLES, FL 33134

New Principal Place of Business:

299 ALHAMBRA CIRCLE
STE. 226
CORAL GABLES, FL 33134

New Mailing Address:

299 ALHAMBRA CIRCLE
STE. 226
CORAL GABLES, FL 33134

FEI Number: 20-8324015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEUSCHEL, HERB E
8211 W. BROWARD BLVD.
340
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

VALDES, FERNANDO
10705 NW 33RD ST
100
DORAL, FL 33172 US

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.

SIGNATURE: FERNANDO E. VALDES

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOLI, MAYRA
Address: 815 PONCE DE LEON DRIVE, #P307
City-St-Zip: CORAL GABLES, FL 33134

Title: STD () Delete
Name: VELAZQUEZ, AMANDA
Address: 815 PONCE DE LEON DRIVE, #P307
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOLI, MAYRA
Address: 299 ALHAMBRA CIRCLE., STE. 226
City-St-Zip: CORAL GABLES, FL 33134

Title: STD (X) Change () Addition
Name: VELAZQUEZ, AMANDA
Address: 299 ALHAMBRA CIRCLE., STE. 226
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA VELAZQUEZ

STD

04/15/2009

Electronic Signature of Signing Officer or Director

Date