

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000012112

Entity Name: JOLI & VELAZQUEZ, PA

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

299 ALHAMBRA CIRCLE  
STE. 226  
CORAL GABLES, FL 33134

## **New Principal Place of Business:**

## **Current Mailing Address:**

299 ALHAMBRA CIRCLE  
STE. 226  
CORAL GABLES, FL 33134

## **New Mailing Address:**

FEI Number: 20-8324015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

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

## **Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: AMANDA VELAZQUEZ

PART

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date