Apr 28, 2008 8:00 am

2008	FOR PROFIT CORPORATION	NC
	ANNUAL REPORT	

ANNUAL REPORT					Secretary of State			
1. Entity Nan	MENT # P07000020 VELMAN JOE, INC.			90393 008 ***158.				
Principal Place of Business 6805 NW 28TH COURT MARGATE, FL 33063		Mailing Address 6805 NW 28TH COURT MARGATE, FL 33063		1 1400(1001 11)			H 10 1 II 1 01 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 20 - 8	3464		oplied For of Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	N	7. Name and	Address of New	Registered Agent		
RUSSO, JOSEPH 6805 NW 28TH COURT MARGATE, FL 33063				Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	e	
8. The above the obligat	named entity submits this statement follows of registered agent.	or the purpose of changing its re	gistered office or regist	ered agent, or bot	h, in the State of F	lorida. I am familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Agent signature requir	ed when reinstating)	•••	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaigr Trust Fund Contrib	· - ·	5.00 May Be ided to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSO, JOSEPH 6805 NW 28TH COURT MARGATE, FL 33063	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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	
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	
indicated of the co	certify that the information supplied with on this report or supplemental report is reporation or the receiver or trustee emp or on an attachment with an address.	s true and accurate and that my owered to execute this report as	signature shall have the specured by Chapter 6	e same legal effec	t as if made under	oath; that I am an officer	or director	