2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000031037

Entity Name: VELAS FARM & HOME PROPERTIES CORP.

FILED Apr 28, 2009 Secretary of State

	rincipal Place	of Business:	New Principal Place of Business:		
3684 MOC ORANGE	DDY AVE. PARK, FL 3206	65 US			
Current M	lailing Addres	s:	New Mailin	ng Address:	
P.O. BOX HALLAND	1982 ALE, FL 33008	S US			
FEI Number	: 26-2264859	FEI Number Applied For ()	FEI Number Not Applie	cable () Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	DDY AVE. PARK, FL 3206		purpose of changing its	s registered office or registered agent, or l	ooth.
	e of Florida.		hankara at arrangang in	- , - g	,
SIGNATU	RE:				
	Electroni	ic Signature of Registered Ac	gent	Date	
Election Car		ic Signature of Registered Ag Trust Fund Contribution ().	gent	Date	
		Trust Fund Contribution ().		Date S/CHANGES TO OFFICERS AND DIREC	— ETOR
	mpaign Financing	Trust Fund Contribution (). FORS: Delete O VE.			TOR
OFFICERS Title: Name: Address:	PRES () ANG, VEDWYN 3684 MOODY A ORANGE PARK	Trust Fund Contribution (). FORS: Delete O VE. , FL 32065 US Delete EMMA P VE.	ADDITIONS Title: Name: Address:	S/CHANGES TO OFFICERS AND DIREC	CTOR
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	PRES () ANG, VEDWYN 3684 MOODY A ORANGE PARK TRES () BOTTOTYLER, 3684 MOODY A ORANGE PARK VP () ANG, VICENTE 3100 DEERPAT	Trust Fund Contribution (). FORS: Delete O VE. , FL 32065 US Delete EMMA P VE. , FL 32065 US Delete	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECT () Change () Addition TRES (X) Change () Addition BOTTO, EMMA L 3684 MOODY AVE.	CTOR

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.

Name:

Address:

City-St-Zip:

PARANKY, LÌLÍAN

815 SW 3RD. ST.

HALLANDALE, FL 33009 US

SIGNATURE: VEDWYN O ANG PRES 04/28/2009

BOTTO PARANKY, LILIAN P

HALLANDALE, FL 33009 US

815 SW 3RD. ST.

Name:

Address:

City-St-Zip: