2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 08, 2004 8:00 am Secretary of State DOCUMENT # P94000016117 1. Entity Name 03-08-2004 90045 016 ***150.00 VELDE CONSTRUCTION, INC. Mailing Address Principal Place of Business 3941 SW 138 CT MIAMI FL 33175 US 3941 SW 138 CT **MIAMI FL 33175** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-0481165 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _Name_ ESPINOSA, ROGELIO SR Street Address (P.O. Box Number is Not Acceptable) 3220 S.W. 144 F COURT 394/3W/38 court mami fla 33/75 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9.-Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Change Addition TITLE ☐ Delete NAME [™] ESPOINOSA SR, ROGELIO NAME STREET ADDRESS 3220 SW 118TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition ESPOINOSA JR, ROGELIO NAME NAME 3220 SW 118TH CT. STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME: - -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST - ZIP Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 ROBELIA ESPINOS A SR 2/09/04

FILED