

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000038448

FILED  
May 14, 2004  
Secretary of State

Entity Name: VELEZ WRECKER SERVICE, INC.

**Current Principal Place of Business:**

8834 W ROBSON ST  
TAMPA, FL 33615 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 262213  
TAMPA, FL 33685 US

**New Mailing Address:**

FEI Number: 59-3247745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VELEZ, HECTOR F  
5019 N. HALE AVE  
TAMPA, FL 33614 US

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

VELEZ, HECTOR F  
8834 W. ROBSON ST.  
TAMPA, FL 33615 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/14/2004

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VELEZ, HECTOR F.  
Address: 5019 W. HALE AVE  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: VELEZ, HECTOR F.  
Address: 8834 W. ROBSON ST.  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HECTOR VELEZ

D

05/14/2004

Electronic Signature of Signing Officer or Director

Date