

2006

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90377 041 \*\*\*150.00

<b>DOCUMENT #</b> P97000019013					
1. Entity Name Velez Imports, Inc.					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 22333 S.W. 103rd Ct. Suite, Apt. #, etc.			3. Mailing Address 22333 S.W. 103rd Ct. Suite, Apt. #, etc.		
City & State Miami, FL Zip 33190 Country USA		City & State Miami, FL Zip 33190 Country USA		4. FEI Number 65-0731884 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of Current Registered Agent	
<b>DO NOT WRITE IN THIS SPACE</b>				Name Velez, Victor	
				Street Address (P.O. Box Number is Not Acceptable) 22333 S.W. 103rd Ct.	
				City Miami FL Zip Code 33190	
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 _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$250.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Velez, Victor 22333 S.W. 103rd Ct. Miami, FL 33190		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Mas, Frances 22333 S.W. 103rd Ct. Miami, FL 33190		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		Victor Velez		APR 11 20 2006 305-594-3908	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034B (12/02)