2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90356 041 ***150.00

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DOCUMENT # P98000025741

1. Entity Name
VELUCCI, INC.

Principal Place of Business	Mailing Address
PO BOX 350186 FORT LAUDERDALE, FL 33335	PO BOX 350186 FORT LAUDERDALE, FL 33335

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01162004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0819736 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VON OEHSEN, KAREN 908 ORANGE ISLE FORT LAUDERDALE, FL 33315	Name: KAREN R. VON OEHSEN Street Address (P.O. Box Number is Not Acceptable): 4558 BOUGAIN VILLA DR. SUITE #2 City: LAUD. BY THE SEA FL Zip Code: 33308

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: K Von Oehsen DATE: APRIL 14-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST VON OEHSEN, KAREN 908 ORANGE ISLE FORT LAUDERDALE, FL 33315	☒ Delete	PVST VON OEHSEN KAREN 4558 BOUGAIN VILLA DR. LAUD BY THE SEA, FL 33308 #2	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VON OEHSEN, KAREN 908 ORANGE ISLE FORT LAUDERDALE, FL 33315	☒ Delete	P VON OEHSEN KAREN 4558 BOUGAIN VILLA DR. #2 LAUD BY THE SEA, FL 33308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN VON OEHSEN K. Von Oehsen APRIL 14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

954-776-0510