2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000059332



FILED Apr 07, 2008 8:00 am Secretary of State

1. Entity Name VELOZ TRUCK REPAIR INC.				04-07-2008 90055 001 ***150.00		
Principal Place of Business 9860 N.W. 117TH WAY MEDLEY, FL 33178		Mailing Address 5535 W 15 CT HIALEAH, FL 33012			ag sea and in the	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt.	I. 117TH WAY FL 33178 al Place of Business - No P.O. Box # Apt. #, etc. State Country 6. Name and Address of Current GERONIMO 15 CT H, FL 33012 ove named entity submits this statement for igations of registered agent. RE Signature, typed or printed name of registered agent a	Suite, Apt. #, etc.			03312008 Chg-P CR2E034 (12/06)	
City & State		City & State			4. FEI Number Applied For 65-0846120 Not Applied	
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent			7. Name and Address of New Registered Agent	
VC: 0= "C	FRONING		Name	- ·	للما المواطنية بدارين الما الما الما الما الما الما الما الم	
5535 W 15	CT		Stree	t Address (I	(P.O. Box Number is Not Acceptable)	
,	•••					
			City		FL Zip Code	
8. The above the obligat SIGNATURE.	ions of registered agent.				ered agent, or both, in the State of Florida. I am familiar with, and acce	
ļ	Signature, typed or printed name of registered a	igent and title if applicable. (NO	TE: Registered Agent sig	nature required	ed when reinstating) DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$5:	9. Election Campa 50.00 Trust Fund Con		\$5.	5.00 May Be ded to Fees	
10.	, 	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VELOZ, GERONIMO 5535 W 15 CT HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s Pri	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IN CIPAL Place Of Bound Change Addition Add	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dekta	TITLE NAME STREET ADDRES CITY-ST-ZIP		☐ Change ☐ Additi	
12. I hereby of indicated	certify that the information supplied on this report or supplemental repo	with this filing does not qualify for its true and accurate and that	or the exemptions my signature shal	contained have the s	d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or directo	

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.