


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

<b>DOCUMENT # P98000059332</b>					
<b>1. Entity Name</b> VELOZ TRUCK REPAIR INC.					
<b>Principal Place of Business</b> 9860 N.W. 117TH WAY MEDLEY, FL 33178			<b>Mailing Address</b> 5535 W 15 CT HIALEAH, FL 33012		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>					
VELOZ, GERONIMO 5535 W 15 CT HIALEAH, FL 33012				Name	
				Street Address	
				City	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5</b> Add: _____		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11.</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PST VELOZ, GERONIMO 5535 W 15 CT HIALEAH, FL 33012 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					