

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90199 001 ***150.00

DOCUMENT # P98000084600

1. Entity Name
VELOX SYSTEMS, INC.



Principal Place of Business
**1825 BUSINESS PARK DRIVE
 STE A
 DAYTONA BEACH, FL 32114**

Mailing Address
**1825 BUSINESS PARK DRIVE
 STE A
 DAYTONA BEACH, FL 32114**

2. Principal Place of Business
BLVD

3. Mailing Address
BLVD

Suite, Apt. #, etc.

City & State

Zip Country



01062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0867137

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BURNETT, RANDOM R
 501 N. GRANDVIEW AVE.
 DAYTONA BCH, FL 32118**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

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 D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUQUICCHIO, ANGELO		NAME	
STREET ADDRESS 1825 BUSINESS PARK BLVD SUITE A		STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH, FL 32114		CITY-ST-ZIP	
TITLE TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUQUICCHIO, FRANK		NAME	
STREET ADDRESS 1825 BUSINESS PARK BLVD SUITE A		STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH, FL 32114		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'CONNOR, BRIAN		NAME	
STREET ADDRESS 1825 BUSINESS PARK BLVD SUITE A		STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH, FL 32114		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDSTEIN, BRETT		NAME	
STREET ADDRESS 1825 BUSINESS PARK BLVD SUITE A		STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH, FL 32114		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 supplementary reports 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: *Angele Buquicchio* **April 15, 2004** **386-274-1860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #