


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000013704	
1. Entity Name GILBERT VELEZ & ASSOCIATES, INC.	

Principal Place of Business 13428 FALCON POINT DRIVE ORLANDO, FL 32837	Mailing Address 13428 FALCON POINT DRIVE ORLANDO, FL 32837
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DO NOT WRITE IN THIS SPACE



03272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3563118	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELEZ, GILBERT
13428 FALCON POINT DRIVE
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

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

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

U00000104013
04/05/04-80080-015 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VELEZ, GILBERT 13428 FALCON POINT DRIVE ORLANDO, FL 32837
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gilbert Velez Gilbert Velez 4/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #