

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000050925

**FILED**  
**Apr 30, 2023**  
**Secretary of State**  
**9206419389CC**

**Entity Name:** VELONES CRISTAL CORPORATION

**Current Principal Place of Business:**

4619 CITRUS BLOSSOM CT  
WESTLAKE, FL 33470

**Current Mailing Address:**

4619 CITRUS BLOSSOM CT  
WESTLAKE, FL 33470 US

**FEI Number: 88-3345799**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CALDERON, MARIA E  
4619 CITRUS BLOSSOM CT  
WESTLAKE, FL 33470 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CALDERON, MARIA E  
Address 4619 CITRUS BLOSSOM CT  
City-State-Zip: WESTLAKE FL 33470

Title AMBR  
Name BERRIO, IVO A  
Address 4619 CITRUS BLOSSOM CT  
City-State-Zip: WESTLAKE FL 33470

Title AMBR  
Name BERRIO, SANDRA P  
Address 4619 CITRUS BLOSSOM CT  
City-State-Zip: WESTLAKE FL 33470

Title AMBR  
Name BERRIO, FRANK A  
Address 4619 CITRUS BLOSSOM CT  
City-State-Zip: WESTLAKE FL 33470

Title AMBR  
Name BERRIO, YUDY E  
Address 4619 CITRUS BLOSSOM CT  
City-State-Zip: WESTLAKE FL 33470

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARIA E CALDERON**

**P**

**04/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date