## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000050925

**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

**FILED** Apr 29, 2024

**Secretary of State** 

9590187053CC

Officer/Director Detail:

Title Title **AMBR** 

CALDERON, MARIA E Name BERRIO, IVO A Name

4619 CITRUS BLOSSOM CT Address 4619 CITRUS BLOSSOM CT Address

City-State-Zip: WESTLAKE FL 33470 WESTLAKE FL 33470 City-State-Zip:

Title **AMBR** Title **AMBR** 

Name BERRIO, FRANK A BERRIO, SANDRA P Name

4619 CITRUS BLOSSOM CT Address Address 4619 CITRUS BLOSSOM CT WESTLAKE FL 33470 City-State-Zip:

Title **AMBR** 

City-State-Zip:

BERRIO, YUDY E Name

4619 CITRUS BLOSSOM CT Address

WESTLAKE FL 33470

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.

Ρ

SIGNATURE: MARIA E CALDERON

Electronic Signature of Signing Officer/Director Detail

04/29/2024

Date