
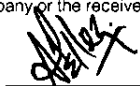


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90145 008 ***138.75

DOCUMENT # L07000071367			
1. Entity Name VALDER COMMERCE GROUP LLC			
Principal Place of Business 5627 S.W. 8TH STREET MIAMI, FL 33134		Mailing Address 5627 S.W. 8TH STREET MIAMI, FL 33134	
2. Principal Place of Business - No P.O. Box # 2100 W 76 ST Suite, Apt. #, etc. STR 313		3. Mailing Address Suite, Apt. #, etc.	
City & State HIALEAH, FLORIDA		City & State	
Zip 33016	Country USA	Zip	Country
6. Name and Address of Current Registered Agent VALDES, JOSE IVAN 5627 S.W. 8TH STREET MIAMI, FL 33134		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALDES, JOSE IVAN 5627 S.W. 8TH STREET MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERBAN, JUAN 5627 S.W. 8TH STREET MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  JOSÉ IVÁN VALDÉS		Date 06/16/08	Daytime Phone # 786-5877049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

50007119



05272008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0504522 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required