

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004642

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** THE VALLADARES FOUNDATION, INC.

**Current Principal Place of Business:**

10897 S.W. 152 PLACE  
MIAMI, FL 33196 US

**New Principal Place of Business:**

**Current Mailing Address:**

10897 S.W. 152 PLACE  
MIAMI, FL 33196 US

**New Mailing Address:**

**FEI Number:** 84-1664924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALLADARES, ARMANDO  
10897 S.W. 152 PLACE  
MIAMI, FL 33196 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HALVORSEN, THOR  
Address: 60 E 42 STREET #2102  
City-St-Zip: NEW YORK, NY 10019

Title: CD ( ) Delete  
Name: VALLADARES, ARMANDO  
Address: 10897 S.W. 152 PLACE  
City-St-Zip: MIAMI, FL 33196 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO VALLADARES

AMB.

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date