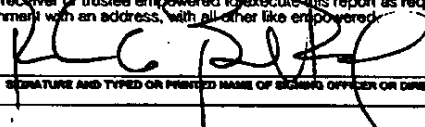


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90423 021 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                 |                                                                                                                                                                                                                                    |                                                                                                                     |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P03000058899</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                 |                                                                                                                                                                                                                                    |                                    |                                                                   |
| 1. Entity Name<br><b>VALERA INTERNATIONAL, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                 |                                                                                                                                                                                                                                    |                                                                                                                     |                                                                   |
| Principal Place of Business<br><b>1897 W. FLAGLER STREET<br/>SUITE #260<br/>MIAMI, FL 33135</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                 | Mailing Address<br><b>1897 W. FLAGLER STREET<br/>SUITE #260<br/>MIAMI, FL 33135</b>                                                                                                                                                |                                                                                                                     |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                 | 3. Mailing Address                                                                                                                                                                                                                 |                                                                                                                     |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                 | Suite, Apt. #, etc.                                                                                                                                                                                                                |                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                 | City & State                                                                                                                                                                                                                       |                                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                             | Zip                             | Country                                                                                                                                                                                                                            | 4. FEI Number<br><b>20-0074697</b>                                                                                  |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                 |                                                                                                                                                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                              |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                 |                                                                                                                                                                                                                                    | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                     |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>BATTISTEL, ROBERTO<br/>3900 NW 79 AVENUE #529<br/>MIAMI, FL 33166</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                 | 7. Name and Address of New Registered Agent<br>Name <b>Battistel, Roberto</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>2103 SW 22nd Street</b><br>Suite # <b>405</b><br>City <b>Miami</b> FL Zip Code <b>33145</b> |                                                                                                                     |                                                                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                 |                                                                                                                                                                                                                                    | DATE <b>04/28/04</b>                                                                                                |                                                                   |
| FILE NOW!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                 |                                                                                                                                                                                                                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                              |                                                                                                                     |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PD<br>BATTISTEL, ROBERTO<br>3900 NW 79 AVE. #529<br>MIAMI, FL 33166 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                 | PD<br>Battistel, Roberto<br>2103 SW 22nd Street Suite # 405<br>Miami, FL 33145                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                 |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                 |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                 |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                 |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                 |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                 |                                                                                                                                                                                                                                    | DATE <b>04/28/04</b> 305-5945980                                                                                    |                                                                   |

**66424955**



04302004 Chg-P CR2E034 (10/03)