

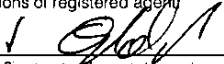
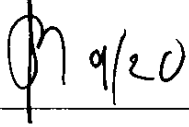


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000062265</b> 1. Entity Name <b>VALDES PRODUCE, INC.</b>						<b>FILED</b> <b>07 SEP 19 AM 10: 06</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>13410 SW 81ST STREET          MIAMI, FL 33183 US</b>			Mailing Address <b>13410 SW 81ST STREET          MIAMI, FL 33183 US</b>				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State		4. FEI Number <b>20-0998930</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>RIVAS, ABBY          13410 SW 81ST STREET          MIAMI, FL 33183</b>				7. Name and Address of New Registered Agent Name <b>Eybi R. Valdes</b> Street Address (P.O. Box Number is Not Acceptable) <b>13410 SW 81ST STREET</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33183</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>09/14/07</b>			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00          Due by September 14, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be          Added to Fees</b>		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>P</b> <input type="checkbox"/> Delete		NAME <b>VALDES, OSCAR</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME <b>400109658594</b>	
STREET ADDRESS <b>13410 SW 81ST STREET</b>		CITY-ST-ZIP <b>MIAMI, FL 33183</b>		STREET ADDRESS <b>09/19/07--01044--019</b>		CITY-ST-ZIP <b>**150.00</b>	
TITLE <b>VP</b> <input checked="" type="checkbox"/> Delete		NAME <b>RIVAS, ABBY</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME <b>VP</b>	
STREET ADDRESS <b>13410 SW 81ST STREET</b>		CITY-ST-ZIP <b>MIAMI, FL 33183</b>		STREET ADDRESS <b>Eybi R. Valdes</b>		CITY-ST-ZIP <b>13410 SW 81 ST. STREET</b>	
TITLE <input type="checkbox"/> Delete		NAME 		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		NAME <b>Miami, FL, 33183</b>	
STREET ADDRESS <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Delete		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		NAME <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Delete		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		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 exemptions contained 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 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:  <b>(Oscar Valdes)</b>				DATE: <b>09/14/07</b>		DAYTIME PHONE #: <b>1305 989 1234</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE		DAYTIME PHONE #	