

**2007 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90013 015 \*\*\*150.00



**DOCUMENT # P05000131318**  
 1. Entity Name  
**VALCAR FLORIDA CORP**

Principal Place of Business 2150 NORTH STATE ROAD 7 LAUDERLAKE FL 33313	Mailing Address 14921SW 82 LN 108 MIAMI FL 33193
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/06)

4. FEI Number <b>20-3511934</b>	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent

**MORALES, CARLOS A**  
**14921 SW 82 LN**  
**108**  
**MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name **Alberto J. Valdez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11564 SW 149 Ct**  
 City **Miami** FL Zip Code **33196**

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 *[Signature]* **ALBERTO VALDEZ** DATE **03-09-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VALDEZ, ALBERTO J	
STREET ADDRESS	14921 SW 82 LN	
CITY - ST - ZIP	MIAMI FL 33193	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MORALES, CARLOS A	
STREET ADDRESS	14921 SW 82 LN	
CITY - ST - ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **Alberto J Valdez President** 3-9-07 (786) 2609403  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #