2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90458 023 ***150.00

DOCUMENT # P05000142649

1. Entity Name
VALCAR TALENT & MODELING AGENCY, INC.

Principal Place of Business	Mailing Address
555 NW 72ND AVENUE, #307 MIAMI, FL 33126-5842	555 NW 72ND AVENUE, #307 MIAMI, FL 33126-5842

04262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3180 NW 38	S/A #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33125 Country: USA	Zip Country

4. FEI Number: 20-3719653 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, CARLOS
555 NW 72ND AVENUE, #307
MIAMI, FL 33126-5842

7. Name and Address of New Registered Agent

Name: Carlos Garcia
Street Address (P.O. Box Number is Not Acceptable): 3180 NW 38
City: Miami 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: [signature] DATE: 4/26/07
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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VIDAL, VALIA 555 NW 72ND AVENUE, #307 MIAMI, FL 331265842 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3180 NW 38 st Miami, FL 33125
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GARCIA, CARLOS 555 NW 72ND AVENUE, #307 MIAMI, FL 331265842 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3180 NW 38 st. Miami, FL 33125
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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: [signature] Date: 4/26/07 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR