2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # P97000079419** VALGOR INVESTMENTS, INC. 04-21-2004 90019 011 ***150.00 Principal Place of Business Mailing Address 14411 COMMERCE WAY 14411 COMMERCE WAY . 460101E. **SUITE 310** SUITE 310 MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 04072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0784749 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALDES, ZUNILDA DO NOT WRITE 14411 COMMERCE WAY SUITE 310 IN THIS SPACE MIAMI LAKES, FL 33016 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE VALDES, ZUNILDA NAME STREET ADDRESS 14411 COMMERCE WAY SUITE 310 CITY-ST-ZIP MIAMI LAKES, FL 33016 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR