MARIA(mickey)MALDONADO Fax:561-752-0987

07-08-2005 90022 036 ***158.75
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 SEP -2 PM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50055234

DOCUMENT # P04000084086

1. Entity Name
VALVERDE EXPRESS LINES, INC.

Principal Place of Business	Mailing Address
3626 SOUTH 57TH AVE. GREENACRES CITY, FL 33463 US	3626 S. 57TH AVE. GREENACRES CITY, FL 33463 US

05132005 Chg-P CR2E094 (10/03)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 41-2134258 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALVERDE, PEDRO E SR.
3626 S. 57TH AVE.
GREENACRES CITY, FL 33463

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 _____ DATE
(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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(d), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VALVERDE, PEDRO E SR. 3626 S. 57TH AVE. GREENACRES CITY, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VALVERDE, LEONARDO 3626 S. 57TH AVE. GREENACRES CITY, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Penny D. Carter 3626 S. 57th Ave. Greenacres City, Fla. 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

10. I declare that this 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 with an asterisk, if applicable.

SIGNATURE: Penny D. Carter (Secretary) July 1, 2005 ~~561-752-~~
(Signature must be typed or printed name of officer or director) (Date) (Daytime Phone #)

Signature: Penny D. Carter → 229-985-8043