


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000064086 1. Entity Name VALVERDE EXPRESS LINES, INC.	
---	---

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

DO NOT WRITE IN THIS SPACE



04232006 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2134258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VALVERDE, PEDRO E SR.
3628 SOUTH 57TH AVE.
GREENACRES CITY, FL 33463**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALVERDE, PEDRO E SR. 3626 S. 57TH AVE. GREENACRES CITY, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALVERDE, LEONARDO 3626 S. 57TH AVE. GREENACRES CITY, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, PENNY D 3626 SOUTH 57TH AVE. GREENACRES CITY, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000535404
05/08/06-80050-018 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Penny D. Carter (Secretary) 4/23/06 Cell 561-902-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #