

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004642

FILED
Jul 05, 2006
Secretary of State

Entity Name: THE VALLADARES FOUNDATION, INC.

Current Principal Place of Business:

782 NW 42 AV
636
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

782 NW 42 AV
636
MIAMI, FL 33126

New Mailing Address:

FEI Number: 84-1664924 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VALLADARES, ARMANDO
782 NW 42ND AVENUE, SUITE 636
MIAMI, FL 33126 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALVORSEN, THOR
Address: 60E 42 ST., #2102
City-St-Zip: NEW YORK, NY 10019

Title: VD () Delete
Name: HAAR, JERRY
Address: ONE GROVE IDLE DR #807
City-St-Zip: MIAMI, FL 33133

Title: PD () Delete
Name: GRISSETT, MIRIAM
Address: 8560 SW 118 ST
City-St-Zip: MIAMI, FL 33156

Title: C () Delete
Name: VALLADARES, ARMANDO
Address: 10897 SW 152 PL
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO VALLADARES

C

07/05/2006

Electronic Signature of Signing Officer or Director

Date