

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141195

Entity Name: VALERIA DE MELLO MONTEIRO, PA

FILED
Jan 13, 2007
Secretary of State

Current Principal Place of Business:

641-109 MAPLE OAK CIRCLE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

641-109 MAPLE OAK CIRCLE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 20-3683259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTEIRO, VALERIA E M
641-109 MAPLE OAK CIRCLE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

MONTEIRO, VALERIA D
641-109 MAPLE OAK CIRCLE
ALTAMONTE SPRINGS, FL 32701 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: VALERIA DE MELLO MONTEIRO

01/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONTEIRO, VALERIA E M
Address: 641-109 MAPLE OAK CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MONTEIRO, VALERIA D
Address: 641-109 MAPLE OAK CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIA DE MELLO MONTEIRO

D

01/13/2007

Electronic Signature of Signing Officer or Director

Date