

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 331338

1. Entity Name
VALE MANAGEMENT, INC.



Principal Place of Business
2351 W FLAGLER ST
MIAMI, FL 33135

Mailing Address
2351 W FLAGLER ST
MIAMI, FL 33135



02172008 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1321541	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIDAL, SERGIO C
2351 WEST FLAGLER STREET
MIAMI, FL 33135

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 _____ 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
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	O'DELL, ANA
STREET ADDRESS	2351 W FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	PD
NAME	VIDAL, SERGIO C.
STREET ADDRESS	2351 WEST FLAGER ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	VIDAL, TERESA
STREET ADDRESS	2351 WEST FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	S
NAME	VIDAL, SERGIO C
STREET ADDRESS	2351 WEST FLAGER ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1107777455823
 03/16/06 80073-013 158.75

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 employees.

SIGNATURE: _____ **2/28/06** **305 649-5700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #