

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 331338

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** VALE MANAGEMENT, INC.

**Current Principal Place of Business:**

3047 SW 38 CT.  
MIAMI, FL 33146

**New Principal Place of Business:**

717 PONCE DE LEON BLVD  
SUITE # 230  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3047 SW 38 CT.  
MIAMI, FL 33146

**New Mailing Address:**

717 PONCE DE LEON BLVD  
SUITE # 230  
CORAL GABLES, FL 33134

FEI Number: 59-1321541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VIDAL, SERGIO C  
3047 SW 38 CT.  
MIAMI, FL 33146 US

**Name and Address of New Registered Agent:**

VIDAL, SERGIO C  
717 PONCE DE LEON BLVD  
SUITE # 230  
CORAL GABLES, FL 33134 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: SERGIO C. VIDAL

03/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: VIDAL, SERGIO C  
Address: 717 PONCE DE LEON BLVD, SUITE # 230  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD  
Name: ODELL, ANA  
Address: 717 PONCE DE LEON BLVD, SUITE # 230  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: VIDAL, THERESA  
Address: 717 PONCE DE LEON BLVD, SUITE # 230  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: SERGIO C VIDAL

PDS

03/23/2012

Electronic Signature of Signing Officer or Director

Date