## **2008 FOR PROFIT CORPORATION**

## Feb 01, 2008 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # F01000003372 02-01-2008 90020 043 \*\*\*150.00 1. Entity Name VALENCIA INVEST LTD., INC. Principal Place of Business Mailing Address 1990 MAIM STREET 1990 MAIM STREET SUITE 801 SUITE 801 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1990 MAIN STREET 990 MAIN STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 01292008 CR2E034 (12/06) SUITE 801 SUITE 801 City & State City & State 4. FEI Number Applied For FL SARASOTA SALASOTA 52-2311414 Not Applicable Country Country 34236 \$8.75 Additional 5. Certificate of Status Desired 34236 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GLENDINNING, RENEA M Street Address (P.O. Box Number is Not Acceptable) 1990 MAIN STREET SUITE 801 . **5** SARASOTA, FL 34236 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 🔫 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PCD TITLE ☐ Addition ☐ Delete TITLE ☐ Channe NAME RYAN, FRED NAME 1990 MAIN STREET, SUITE 801 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP VD TITLE ☐ Delete 1ITLE Change ☐ Addition NAME RYAN, TOMMIE NAME STREET ADDRESS 1990 MAIN STREET, SUITE 801 STREET ADDRESS CITY - ST-71P SARASOTA, FL 34236 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME GLENDINNING, RENEA M NAME STREET ADDRESS 1990 MAIN STREET, SUITE 801 STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Oelete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P C1fY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Channe NAME

FILED

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.

STREET ADDRESS CHY-ST-ZIP

STREET ADDRESS

(941) 365-4617 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR