


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90065 050 ***150.00

DOCUMENT # F03000001661	
1. Entity Name VALLEVERDE USA CORPORATION	

Principal Place of Business 1230 PEACHTREE STREET, N.E., SUITE 3100 ATLANTA, GA 30309	Mailing Address 1230 PEACHTREE STREET, N.E., SUITE 3100 ATLANTA, GA 30309
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ARCANGELI, ARMANDO VIA PLANE 78, 47855 CORIANO DI RIMINI, ITALY.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VON WERDEN KRAUS, SIMONE 1230 PEACHTREE ST., N.E., SUITE 3100 ATLANTA, GA 303093592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WESTON, MCKINSEY 1100 SOUTH TOWER, 225 PEACHTREE ST, N.E. ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: Simone von Werden Kraus 2/2/07 404-215-3677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #