

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90118 004 ***150.00

DOCUMENT # F87032

1. Entity Name

VALERIO ANTIQUES, INC.



Principal Place of Business

250 VALENCIA AVE
CORAL GABLES FL 33134
US

Mailing Address

250 VALENCIA AVE
CORAL GABLES FL 33134
US



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4217 PONCE DE LEON

Suite, Apt. #, etc.

SUITE 100

1st MOORE

CR2E034 (10/05)

City & State

City & State

CORAL GABLES - FL

4. FEI Number

59-2191387

Applied For

Not Applicable

Zip

Country

Zip

33146

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA-VIDAL, RAOUL
2655 LE JEUNE ROAD - SUITE 542
~~REDO~~
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP ☐ Delete
AMADO, ANTONIO
FIGUEROA ALCORTA 3033,12
BUENOS AIRES, ARGENT00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO AMADO

3/20/2006

Date

(305) 448-6779

Daytime Phone #