


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F96000001140</b> 1. Entity Name SUNNY VALLEY INTERNATIONAL, INC.	
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Principal Place of Business 800 ELLIS MILL ROAD GLASSBORO, NJ 08028 US	Mailing Address 800 ELLIS MILL ROAD GLASSBORO, NJ 08028 US
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04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 23-2435334	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  MARIA BERMUDEZ CUSTOMIZED BROKERS INC 7220 NW 36TH STREET 103 MIAMI, FL 33166
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PAUL, CARLOS 800 ELLIS MILL ROAD GLASSBORO, NJ 08028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLENDE, FRANCISCO 800 ELLIS MILL ROAD GLASSBORO, NJ 08028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EISER, CONNIE 800 ELLIS MILL ROAD GLASSBORO, NJ 08028
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05/18/07-80083-009 150.00

**DO NOT WRITE  
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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:** *Connie Eiser* *Connie Eiser, Treasurer* 4/27/07 (856) 881-0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #