2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# G99785

Entity Name: VALDES & ASSOCIATES ACCOUNTING, INC.

Current Principal Place of Business:

801 WEST 49TH ST
SUITE 226
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2651
HIALEAH, FL 33012

New Mailing Address:

P O BOX 22651
HIALEAH, FL 33002

FEI Number: 59-2388031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERIA, MARTA
801 WEST 49TH STREET #226
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S (X) Delete
Name: VALDES, ANSELMA J
Address: 36 SEXTON COVE RD
City-St-Zip: KEY LARGO, FL

Title: P ( ) Delete
Name: CANALES, ARIEL S
Address: 1990 W 56 ST, APT 1315
City-St-Zip: HIALEAH, FL

Title: T ( ) Delete
Name: FERIA, MARTA
Address: 801 WEST 49TH STREET #226
City-St-Zip: HIALEAH, FL 33012

Title: SD ( ) Delete
Name: FERIA, MARTA
Address: 801 WEST 49TH STREET #226
City-St-Zip: HIALEAH, FL 33012 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARTA FERIA S 04/19/2004

Electronic Signature of Signing Officer or Director — Date