

**- 2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90005 028 \*\*\*\*\*8.75  
04-30-2004 90318 022 \*\*\*141.25

**DOCUMENT # J52091**

1. Entity Name  
**VALCOR, INC.**



Principal Place of Business  
**5829 TRIANGLE DR.  
BLDG #6  
RALEIGH, NC 27617 US**

Mailing Address  
**P.O. BOX 90879  
RALEIGH, NC 27675 US**



02132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
**923 franklin street**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 90879**  
Suite, Apt. #, etc.

City & State  
**Durham NC**  
Zip Country  
**27702 USA**

City & State  
**Raleigh NC**  
Zip Country  
**27675**

4. FEI Number  
**59-2845841**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORDOBA, JOSE M  
7991 PEMBROKE RD.  
PEMBROKE PINES, FL 33023**

7. Name and Address of New Registered Agent

Name  
**Cordoba, Jose**  
Street Address (P.O. Box Number is Not Acceptable)  
**602 SW 77 Way**  
City  
**Pembroke Pines FL** Zip Code  
**33023**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORDOBA, JULIO E. 10012 LIANA LANE RALEIGH, NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CORDOBA, EUGENIA 602 SW 77 WAY BOX 5 HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORDOBA, JOSE M 602 SW 77 WAY BOX 5 HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

(919) 321-0001