

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # J87640

1. Entity Name  
VALLADARES MANUFACTURING INC.



**FILED  
Apr 24, 2006 8:00 am  
Secretary of State**

04-24-2006 90426 041 \*\*\*150.00

40060384



02032006 Chg-P CR2E034 (11/05)

Principal Place of Business		Mailing Address	
220 NW 27TH STREET MIAMI, FL 33127 US		220 NW 27TH STREET MIAMI, FL 33127 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VALLADARES, ENRIQUE 220 NW 27TH STREET MIAMI, FL 33127		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reregistering)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE: PST NAME: VALLADARES, ENRIQUE STREET ADDRESS: 220 NW 27TH STREET CITY-ST-ZIP: MIAMI, FL 33127		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Delete TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: VALLADARES, ENRIQUE STREET ADDRESS: 220 NW 27TH STREET CITY-ST-ZIP: MIAMI, FL 33127		<input type="checkbox"/> Delete TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: V NAME: VALLADARES, ANA STREET ADDRESS: 220 NW 27TH STREET CITY-ST-ZIP: MIAMI, FL 33127		<input type="checkbox"/> Delete TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		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 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 empowerments.

SIGNATURE: *Enrique Valladares*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

325-571-9072

Daytime Phone #