


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90426 041 ***150.00

DOCUMENT # J87640 1. Entity Name VALLADARES MANUFACTURING INC.					
Principal Place of Business 220 NW 27TH STREET MIAMI, FL 33127 US			Mailing Address 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 VALLADARES, ENRIQUE 220 NW 27TH STREET MIAMI, FL 33127				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
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"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST		TITLE		
NAME	VALLADARES, ENRIQUE		NAME		
STREET ADDRESS	220 NW 27TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33127		CITY - ST - ZIP		
TITLE	D		TITLE		
NAME	VALLADARES, ENRIQUE		NAME		
STREET ADDRESS	220 NW 27TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33127		CITY - ST - ZIP		
TITLE	V		TITLE		
NAME	VALLADARES, ANA		NAME		
STREET ADDRESS	220 NW 27TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33127		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Enrique Valladares</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # 305-571-9072		