

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000004209

1. Entity Name  
VALOR ENTERPRISES, LLC



Principal Place of Business  
10235 WEST SAMPLE ROAD  
STE. 205  
CORAL SPRINGS, FL 33065

Mailing Address  
10235 WEST SAMPLE ROAD  
STE. 205  
CORAL SPRINGS, FL 33065



03292005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
90-0069581

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCOTT, ELES  
10235 WEST SAMPLE ROAD  
STE. 205  
CORAL SPRINGS, FL 33065

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCOTT, KHALIFA  
1041 SW 98 TERR  
PEMBROKE PINES, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCOTT, ELES  
10235 W. SAMPLE RD #205  
CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCOTT, HUGH  
1041 SW 99TH TERR  
PEMBROKE PINES, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000258660  
04/05/05-80017-021 \$5.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Elesa Scott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/30/05  
Date

Daytime Phone #