


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90068 001 \*\*\*\*61.25

<b>DOCUMENT # N04000010728</b> 1. Entity Name <b>THE VALLADARES PROJECT, INC.</b>					
Principal Place of Business <b>782 NW 42ND AVENUE SUITE 636 MIAMI, FL 33126</b>			Mailing Address <b>782 NW 42ND AVENUE SUITE 636 MIAMI, FL 33126</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
08302005		Chg-NP		CR2E037 (10/03)	
4. FEI Number <b>20-1927679</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>VALLADARES, ARMANDO 782 NW 42ND AVENUE SUITE 636 MIAMI, FL 33126</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>10895 SW 152 PL</b> City <b>Miami FL</b> Zip Code <b>33196</b>		
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>5D</b>		
STREET ADDRESS		STREET ADDRESS	<b>NAGARAO, JUAN</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>13154 SW 20 TERRACE MIAMI FL 33175</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>VD</b>		
STREET ADDRESS		STREET ADDRESS	<b>ORUENGO, ALFREDO</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>6875 W FLAGLER ST, #310 MIAMI FL 33144</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>TD</b>		
STREET ADDRESS		STREET ADDRESS	<b>FRANCES, EDUARDO</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>1385 CORAL WAY #204 MIAMI FL 33145</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>AD M</b>		
STREET ADDRESS		STREET ADDRESS	<b>MIRIAM CRISSETT</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>8650 SW 118 ST MIAMI FL 33156</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>CD</b>		
STREET ADDRESS		STREET ADDRESS	<b>ARMANDO VALLADARES</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>10895 SW 152 PL MIAMI FL 33196</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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 617, 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: _____		<b>MIRIAM CRISSETT</b> 8/30/05 305-398-3490 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>			