2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2005 08:00 AM Secretary of State

ANNUAL REPORT			Jan 20, 2005 08:00 A		
DOCUMENT # P0000020364 1. Entity Name VALENCIA FOOD STORES IV, INC.				Secr	etary of State
13927 SW 66TH ST. 1	lailing Address 13927 SW 66TH ST. MIAMI, FL 33183	111111111111111111111111111111111111111			######################################
DO NOT WRITE II		E	01182005 4. FEI Numb 65-099	No Chg-P	CR2E034 (10/03) Applied For Not Applicate \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DURAN, ALFREDO G 2601 SOUTH BAYSHORE DRIVE, SUITE 1400 MIAMI, FL 33133				NOT WI	
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 act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE. Registered Agent signature required when reinstaling) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.		.00 May Be ed to Fees		
10. OFFICERS AND DIRECT ITILE PD MUNOZ, MARCO ANTONIO 13927 SW 66TH ST. MIAMI, FL 33183 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CTORS			1980000 01/21/05- NOT W THIS SP	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			** -		_

12. Thereby 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 employered 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 rice employered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICES OR DIRECTOR

Daytime Phone #