


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

|   |   |
|---|---|
| DOCUMENT # P0000020364<br>1. Entity Name<br>VALENCIA FOOD STORES IV, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>13927 SW 66TH ST.<br>MIAMI, FL 33183 | Mailing Address<br>13927 SW 66TH ST.<br>MIAMI, FL 33183 |
|---|---|

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01182005 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br>65-0995695                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>MUNOZ, MARCO ANTONIO<br>13927 SW 66TH ST.<br>MIAMI, FL 33183 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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01/21/05-80081-022 150.00

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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 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:  **Marco Munoz** 1/18/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #