


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90213 032 ***150.00

DOCUMENT # P00000103482

1. Entity Name
VALENCIA CLEANING CORP



Principal Place of Business Mailing Address
3320 SW 27 STREET **3320 SW 27 STREET**
MIAMI, FL 33133 **MIAMI, FL 33133**

44044319



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-1054710 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ROSA
3320 SW 27 STREET
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete

NAME **PEREZ, ROSA MELANIA**

STREET ADDRESS **3320 SW 27 STREET**

CITY-ST-ZIP **MIAMI, FL 33133**

TITLE _____ Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE **V** Delete

NAME **VALENCIE, JUIRO**

STREET ADDRESS **3320 SW 27 STREET**

CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **V** Change Addition

NAME **Jairo Valencia**

STREET ADDRESS **3320 SW 27 ST**

CITY-ST-ZIP **MIAMI FL 33133**

TITLE _____ Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ Delete

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TITLE _____ Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ Change Addition

NAME _____

STREET ADDRESS _____

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 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: *Rosa Perez* **President** x *[Signature]* Date **4/15/04** Daytime Phone # **(305) 4765385**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR