

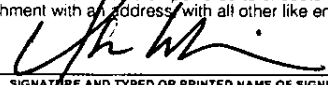


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90401 047 \*\*\*150.00

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| <b>DOCUMENT # P00000110932</b><br>1. Entity Name<br><b>THE VALENCIA GROUP CORP.</b>   |  |  |  |   |   |
| Principal Place of Business<br><b>2780 SW 37 AVENUE #204</b><br><b>MIAMI, FL 33133</b>  |  |  | Mailing Address<br><b>2780 SW 37 AVENUE #204</b><br><b>MIAMI, FL 33133</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>2780 DOUGLAS ROAD</b>  |  | 3. Mailing Address<br><b>2780 DOUGLAS ROAD</b>   |  |    |   |
| Suite, Apt. #, etc.<br><b>SUITE 100</b>   |  | Suite, Apt. #, etc.<br><b>SUITE 100</b>  |  | 04162008 Chg-P CR2E034 (12/06)   |   |
| City & State<br><b>MIAMI FL</b>   |  | City & State<br><b>MIAMI, FL</b>   |  | 4. FEI Number<br><b>65-1058796</b>   |   |
| Zip<br><b>33133</b>   |  | Country<br><b>U.S.A</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>VALENCIA, OSCAR L</b><br><b>2780 SW 37 AVENUE #204</b><br><b>MIAMI, FL 33133</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>OSCAR L. VALENCIA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2780 DOUGLAS ROAD</b><br><b>SUITE 100</b><br>City <b>MIAMI</b> FL Zip Code <b>33133</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.<br>SIGNATURE  <b>OSCAR VALENCIA</b> DATE <b>4/21/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |  |   |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                      |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>VALENCIA, OSCAR L<br>2780 SW 37 AVENUE #204<br>MIAMI, FL 33133 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>OSCAR L. VALENCIA<br>2780 DOUGLAS ROAD #100<br>MIAMI, FL. 33133 |
|   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |   |
|   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |   |
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|   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <b>OSCAR L. VALENCIA</b> DATE <b>4/21/08</b> 305. 443 4236<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  |  |   |