


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

06-08-2005 90004 010 ***150.00

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DOCUMENT # P01000013833			
1. Entity Name VAL-TECH GROUP CORPORATION			
Principal Place of Business 8875 SW 147TH AVE #1235 MIAMI, FL 33196		Mailing Address 8875 SW 147TH AVE #1235 MIAMI, FL 33196	
2. Principal Place of Business 14951 SW 82 LANE		3. Mailing Address 14951 SW 82 LANE	
Suite, Apt. #, etc. 303		Suite, Apt. #, etc. # 303	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33193	Country USA	Zip 33193	Country USA
4. FEI Number 65-1085020		Applic For <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 GLOBAL BUSINESS SOLUTIONS GROUP CORP. 1290 WESTON RD STE # 210 WESTON, FL 33326		7. Name and Address of New Registered Agent Name CLARA L. Acevedo Street Address (P.O. Box Number is Not Acceptable) 14951 SW 82 LANE NO. 303 City MIAMI FL Zip Code 33193	
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: Clara L. Liana Acevedo DATE: 06.01.05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO LAPEIRA, LUIS 8875 SW 147TH AVE #1235 MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST CLARA L. Acevedo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Clara Liana Acevedo		DATE: 06.01.05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	