

05-05-2003 90207 044 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

80107104

<b>DOCUMENT # P01000013833</b> 1. Entity Name <b>VAL-TECH GROUP CORPORATION</b>		
Principal Place of Business <b>8875 SW 147TH AVE #1                  #1235                  MIAMI, FL 33196</b>		Mailing Address <b>4800 NW 79TH AVENUE                  MIAMI, FL 33166</b>
2. Principal Place of Business Same, Apt. #, etc.		3. Mailing Address <b>8875 SW 147th AVE                  # 1235</b>
City & State <b>MIAMI, FL</b>		4. FEI Number <b>65-1085020</b>
Zip <b>33196</b>	Country <b>USA</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GLOBAL BUSINESS SOLUTIONS GROUP CORP.                  1290 WESTON RD STE #210                  WESTON, FL 33326</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typewritten printed name of registered agent and if so applicable. (MORE Registered Agent's Signature required when applicable)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS
TITLE <b>PCFO</b>	NAME <b>LAPEIRA, LUIS</b>	STREET ADDRESS <b>8878 SW 147TH AVE #1235</b>
CITY-ST-ZIP <b>MIAMI, FL 33196</b>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <b>LUIS LAPEIRA</b>		DATE: <b>04-29-03</b>
SIGNATURE AND TYPE OF PARTY NAME OR SPOKESMAN OR DIRECTOR		DATE AND PHONE

CHECK 11/02