

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051305

Entity Name: VALERI'S TROPICALS, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

7108 N. DETROIT ST
NEW CARLISLE, IN 46552

New Principal Place of Business:

Current Mailing Address:

PO BOX 132
NEW CARLISLE, IN 46552

New Mailing Address:

FEI Number: 65-1108896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, STEVEN R
205 N COLLAGE AVE
STE 515
BLOOMINGTON, FL 47404 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATERS, VALERI
Address: 7108 N. DETROIT ST
City-St-Zip: NEW CARLISLE, IN 46552

Title: VD () Delete
Name: WATERS, TIMOTHY
Address: 7108 N. DETROIT ST
City-St-Zip: NEW CARLISLE, IN 46552

Title: TD () Delete
Name: SZCZODROWSKI, GEORGE
Address: 30711 HWY US 20
City-St-Zip: NEW CARLISLE, IN 46552

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERI WATERS

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date