2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000059804

VALÉNCIA BAKERY COFFEE SHOP, INC.



Principal Place of Business

1015 SEMORAN BLVD CASSELBERRY, FL 32707 Mailing Address

1015 SEMORAN BLVD CASSELBERRY, FL 32707

FILED May 02, 2007 08:00 AM Secretary of State

Fee Required



DO NOT WRITE IN THIS SPACE

04262007 No Chg-P 4. FEI Number 59-3748095		CR2E034 (11/05)			
		•		Applied For	
				Not Applicable	
S. Cartificate of	of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

PEREZ, DEOCADIA 432 CROSSBEAM CIRCLE, E. CASSELBERRY, FL 32707

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

		1			
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title in	f applicable (NOTF: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, DECADIA 432 CROSSBEAM CIRCLE, E. CASSELBERRY, FL 32707				
IIILE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					U00000754651 05/22/07-80069-021 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with this fil	ling does not qualify for the exe	motions co.	ntained 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:

R DIRECTOR