

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098652

Entity Name: VALLE'S SERVICES, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

17901 N.W. 68TH AVE. R #101
HIALEAH, FL 33015

New Principal Place of Business:

18201 N.W. 73 AVE.
101
HIALEAH, FL 33015

Current Mailing Address:

17901 N.W. 68TH AVE. R #101
HIALEAH, FL 33015

New Mailing Address:

18201 N.W. 73 AVE
101
HIALEAH, FL 33015

FEI Number: 52-2350565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLE, LUIS
17901 NW 68 AVE R-101
HIALEAH, FL 33015

Name and Address of New Registered Agent:

VALLE, LUIS
18201 N.W. 73 AVE.
101
HIALEAH, FL 33015

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:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VALLE, LUIS
Address: 17901 N.W. 68TH AVE. R #101
City-St-Zip: HIALEAH, FL 33015

Title: VD () Delete
Name: MERINO, GIULIANA
Address: 17901 N.W. 68TH AVE. R #101
City-St-Zip: HIALEAH, FL 33015

Title: SD () Delete
Name: VALLE, RUBEN
Address: 17901 N.W. 68TH AVE. R #101
City-St-Zip: HIALEAH, FL 33015

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 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 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: LUIS VALLE

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date