


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90105 005 ***150.00

DOCUMENT # P01000116320	
1. Entity Name VALENCIANA FOOD STORES INC.	

Principal Place of Business 14700 S.W. 56 STREET MIAMI, FL 33185	Mailing Address 7802 KINGSPONTE PARKWAY SUITE 207A ORLANDO, FL 32819
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20002396



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 14700 S.W. 56th Street Suite, Apt. #, etc.
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01042006 Chg-P CR2E034 (11/05)

City & State Miami FL	4. FEI Number 65-1157891	Applied For <input type="checkbox"/> Not Applicable
Zip 33185	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JAO SERVICES, INC. 7802 KINGSPONTE PARKWAY SUITE 207A ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P Marwan Shihadeh	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHIHADAH, MARWAN		NAME SHIHADAH, MARWAN	
STREET ADDRESS 4901 SW 142ND AVE		STREET ADDRESS 4901 SW 142ND AVE	
CITY-ST-ZIP MIAMI FL 33186		CITY-ST-ZIP MIAMI FL 33186	
TITLE S	<input type="checkbox"/> Delete	TITLE S Miguel Shihadeh	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHIHADAH, MIGUEL		NAME SHIHADAH, MIGUEL	
STREET ADDRESS 4901 SW 142ND AVE		STREET ADDRESS 4901 SW 142ND AVE	
CITY-ST-ZIP MIAMI FL 33186		CITY-ST-ZIP MIAMI FL 33186	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP Abdellatif, Nidal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABDELLATIF, NIDAL		NAME ABDELLATIF, NIDAL	
STREET ADDRESS 9901 SW 142ND AVE		STREET ADDRESS 9901 SW 142ND AVE	
CITY-ST-ZIP MIAMI FL 33186		CITY-ST-ZIP MIAMI FL 33186	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-11-06