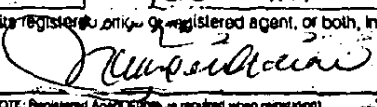


FILED
Jun 16, 2003 8:00 am
Secretary of State

04-25-2003 90135 048 ***150.00

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

DOCUMENT # P02000000187																											
1. Entity Name VALERO ELECTRONICS, CORP.																											
Principal Place of Business 1003 COATBRIDGE DRIVE POINCIANA KISSIMMEE FL 34758		Mailing Address 1003 COATBRIDGE DRIVE POINCIANA KISSIMMEE FL 34758																									
2. Principal Place of Business 3501 W. VINE ST. Suite, Apt. #, etc. SUITE 322-B City & State KISSIMMEE		3. Mailing Address 3501 W. VINE ST. Suite, Apt. #, etc. SUITE 322-B City & State KISSIMMEE																									
4. FEI Number 03-0378986		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES																									
6. Name and Address of Current Registered Agent MAZZA-MARTINEZ, TANIA A 782 NW 42 AVE STE 837 MIAMI FL 33128		7. Name and Address of New Registered Agent Name: Ninoska C. Lindo Street Address (P.O. Box Number is Not Acceptable) 3501 West Vine street, suite 329 City: Kissimmee FL Zip Code: 34741																									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 06-11-2003 (NOTE: Registered Agent Signature required when naming)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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: 		SIGNATURE REQUIRED 4/23/2003																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									