

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90202 005 \*\*\*150.00

**DOCUMENT # P02000050133**

1. Entity Name  
**VALENCIA INTERNATIONAL, INC.**



Principal Place of Business      Mailing Address  
**9889 SW 72 STREET**      **9889 SW 72 STREET**  
**MIAMI, FL 33173**      **MIAMI, FL 33173**

**40084146**



2. Principal Place of Business      3. Mailing Address  
**7205 NW 19th St**      **7205 NW 19th St.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04282005    Chg-P    CR2E034 (10/03)

City & State      City & State  
**Miami, FL.**      **Miami, FL.**

Zip      Country      Zip      Country  
**33126**      **USA**      **33126**      **USA**

4. FEI Number      Applied For  
**02-0632587**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOULD, RONALD**  
**1201 BRICKELL AVENUE**  
**STE 630**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City      **FL**      Zip Code \_\_\_\_\_

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

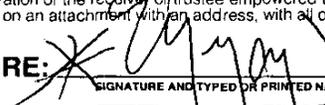
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE REYES, GABRIELA R 6861 SW 147 AVENUE MIAMI, FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, ELIA N 6861 SW 147 AVENUE MIAMI, FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	16111 SW 96 Terrace Miami, FL 33196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	16111 SW 96 Terrace Miami, FL 33196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:       04/29/05      (305) 477 3969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #