

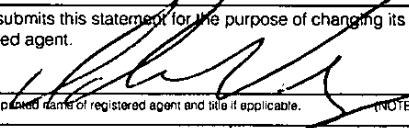
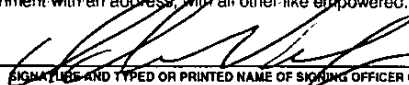


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90094 034 \*\*\*158.75

<b>DOCUMENT # P02000067607</b> 1. Entity Name <b>VALDES AUTO SALES CORP</b>					
Principal Place of Business <b>8038 NW 103 ST., BAY 39 HIALEAH GARDENS, FL 33016</b>				Mailing Address <b>8038 NW 103 ST., BAY 39 HIALEAH GARDENS, FL 33016</b>	
2. Principal Place of Business <b>1214 NW 38 Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 772107</b> Suite, Apt. #, etc.			
City & State <b>Ocala FL</b>		City & State <b>Ocala FL</b>		4. FEI Number <b>04-3687707</b>	
Zip <b>34482</b>		Country <b>Marion</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VALDES, WILFREDO 8038 NW 103 ST., BAY 39 HIALEAH GARDENS, FL 33016</b>				7. Name and Address of New Registered Agent Name <b>Ileana Velez</b> Street Address (P.O. Box Number is Not Acceptable) <b>45 Never Bend Drive</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34482</b>	
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  <b>Ileana Velez</b> DATE <b>344-4-6-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VALDES, WILFREDO</b> <b>4021 S.W. 148 PLACE</b> <b>MIAMI, FL 33185</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VALDES, WILFRED C</b> <b>1418 COLLINS AVE., #201</b> <b>MIAMI BEACH, FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VELEZ, ILEANA</b> <b>1230 NW 38 AVE.</b> <b>OCALA, FL 34482</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>45 Never Bend Drive</b> <b>Ocala FL</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:  <b>Ileana Velez</b> DATE <b>4-6-05</b> DAYTIME PHONE <b>7864028668</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					