

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000128813 1. Entity Name VIALMAR INVESTMENTS, INC.	
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Principal Place of Business 150 SE 2ND AVENUE SUITE #914 MIAMI, FL 33131 US	Mailing Address 150 SE 2ND AVENUE SUITE #914 MIAMI, FL 33131 US
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01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3892921	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALLE, ALBERTO 150 SE SECOND AVENUE SUITE #914 MIAMI, FL 33131
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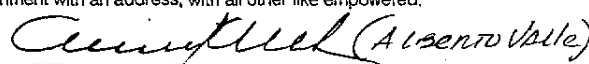
DO NOT WRITE IN THIS SPACE

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 _____ Signature, typed or printed name of registered agent and title if applicable (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ SERODIO, BASILIO 150 SE 2ND AVENUE, SUITE #914 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALLE, ALBERTO 150 SE 2ND AVENUE, SUITE #914 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AGUILERA, GUIDO A 815 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VALLE, ALBERTO 150 SE 2ND AVENUE, SUITE #914 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/7/05 Daytime Phone # 305 3720089