

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000033002

1. Entity Name
VALLEY MANAGEMENT, INC.



Principal Place of Business
**4302 ALTON ROAD STE 670
MIAMI BEACH, FL 33140**

Mailing Address
**4302 ALTON ROAD STE 670
MIAMI BEACH, FL 33140**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1162279

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NASH, SEYMOUR C
4302 ALTON ROAD STE 670
MIAMI BEACH, FL 33140**

**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, 2008 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
**D
FISHER, ALVIN
10813 BLACKHAWK ST
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
NASH, SEYMOUR C
1685 NE104 ST
MIAMI SHORES, FL 33138**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
COOPER, WILLIAM B
5840 SW 118 ST
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WEINBERG, HARRY
9808 SW 108 TERR
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000330364
02/08/08-80018-023 150.00

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IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #