

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000038373

1. Entity Name
VALENCIA TRADING COMPANY



Principal Place of Business
**201 S BISCAYNE BLVD STE 1500 LAD
MIAMI, FL 33131**

Mailing Address
**201 S BISCAYNE BLVD STE 1500 LAD
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1189756	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD STE 1500 LAD
MIAMI, FL 33131**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HINESTROSA, LUIS
STREET ADDRESS	201 S BISCAYNE BLVD # 1500 LAD
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	VGMS
NAME	CALDERON, FERNANDO
STREET ADDRESS	201 S BISCAYNE BLVD # 1500 LAD
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	FM
NAME	PASCAZI, DOMINGO
STREET ADDRESS	201 S BISCAYNE BLVD # 1500 LAD
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
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]* **LUIS DE AMAS**

3-31-06

**305
358 6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Authorized Rep