


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000038373</b> 1. Entity Name VALENCIA TRADING COMPANY	
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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
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**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1189756	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD STE 1500 LAD 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000614513 02/06/07-80034-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINESTROSA, LUIS 201 S BISCAYNE BLVD # 1500 LAD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGMS CALDERON, FERNANDO 201 S BISCAYNE BLVD # 1500 LAD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FM PASCAZI, DOMINGO 201 S BISCAYNE BLVD # 1500 LAD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** *Luis A de Armas* **Att'y-in-Fact** **1-18-07** **305-358-6300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*LUIS A DE ARMAS*