2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/19

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-19-2004 90014 036 ***550.00

DOCUMENT # P03000079504

1. Entity Name
VALUERICH, INC.

66430991

Principal Place of Business	Mailing Address
1430 N OCEAN BOULEVARD PALM BEACH FL 33480	1430 N OCEAN BOULEVARD PALM BEACH FL 33480

07122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1804 N. Dixie Hwy	1804 N. Dixie Hwy
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A
City & State West Palm Bch	City & State West Palm Bch
Zip FL Country 33407	Zip FL Country 33407

4. FEI Number 41-2102385 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRASKER, PAUL A ESQ. 625 N. FLAGLER DRIVE 9TH FLOOR WEST PALM BEACH, FL 33401	Name Orrin R. Beilly, Esq. Street Address (P.O. Box Number is Not Acceptable) 105 South Narcissus Avenue, Suite 705 City West Palm Beach FL Zip Code 33401

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] 7/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VISCONTI, JOSEPH 1430 N. OCEAN BOULEVARD PALM BEACH, FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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]