

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079654

Entity Name: VALSIL CORPORATION

FILED
May 01, 2004
Secretary of State

Current Principal Place of Business:

364 NW 87 ROAD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

364 NW 87 ROAD
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 05-0579066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LATIN NETWORK CONSULTANTS INC
1820 N CORPORATE LAKES BLVD
104
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVA, JUAN
Address: 364 NW 87 ROAD
City-St-Zip: PLANTATION, FL 33324

Title: VD () Delete
Name: VALAREZO, DAVID
Address: 364 NW 87 ROAD
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID VALAREZO

VD

05/01/2004

Electronic Signature of Signing Officer or Director

Date