

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079654

Entity Name: VALSIL CORPORATION

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

364 NW 87 ROAD  
PLANTATION, FL 33324

## New Principal Place of Business:

9840 SHERIDAN STREET  
APT. #106  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

364 NW 87 ROAD  
PLANTATION, FL 33324

## New Mailing Address:

9840 SHERIDAN STREET  
APT. #106  
PEMBROKE PINES, FL 33024

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

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: PD (X) Change ( ) Addition  
Name: SILVA, JUAN  
Address: 9840 SHERIDAN STREET #106  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VD (X) Change ( ) Addition  
Name: VALAREZO, DAVID  
Address: 9840 SHERIDAN STREETB #106  
City-St-Zip: PEMBROKE PINES, FL 33024

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: JUAN SILVA

PD

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date