## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000104650

Title:

Name:

Address:

City-St-Zip:

Entity Name: VALENCIA LUXURY HOMES, INC.

FILED Feb 13, 2007 Secretary of State

y	ioi valentona	EGNORT FIOMES, INC.				
Current Pr	incipal Place o	of Business:	New Prince	New Principal Place of Business:		
2727 N. JOHN YOUNG PKWY SUITE A KISSIMMEE, FL 34741			2753 N. JOHN YOUNG PKWY KISSIMMEE, FL 34741			
Current Mailing Address:			New Mailing Address:			
2727 N. JOHN YOUNG PKWY SUITE A KISSIMMEE, FL 34741			2753 N. JOHN YOUNG PKWY KISSIMMEE, FL 34741			
FEI Number:	13-4265806	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
	NELLY E CLAW CT. E, FL 34746	US				
The above in the State		ıbmits this statement for the pu	ırpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR		0: 1 10				
Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).					Date	
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E QUIJADA, NELLY 2821 EAGLE CLA KISSIMMEE, FL	AW CT.	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () E QUIJADA, JORGI 2821 EAGLE CLA KISSIMMEE, FL	NW CT.	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	S ()E QUIJADA, NELLY 2821 EAGLE CLA KISSIMMEE, FL	NW CT.	Title: Name: Address: City-St-Zip:	S (X QUIJADA, MAR 2821 EAGLE C KISSIMMEE, F	LAW CT.	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NELLY QUIJADA P 02/13/2007

(X) Delete

QUIJADA, JORGE

2821 EAGLE CLAW CT.

KISSIMMEE, FL 34746

() Change () Addition