2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2004 8:00 am Secretary of State **DOCUMENT # P03000113028** 04-08-2004 90026 037 ***150.00 VALENTINA PROPERTIES CORP. Principal Place of Business Mailing Address 7441 WAYNE AVE #8R 7441 WAYNE AVE #8R MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04052004 Chg-P Applied For City & State City & State 4. FEI Number 20- 2802258 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SERBER, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191 STREET AVENTURA, FL 33180 City Zip Code 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition Delete TITLE TITLE CENTURION, MARTA NAME NAME STREET ADDRESS 7441 WAYNE AVE #8R STREET ADDRESS MIAMI BEACH, FL 33141 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE CENTURION, RUBEN NAME NAME STREET ADDRESS 7441 WAYNE AVE #8R STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33141 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MARTA CENTURION

PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

(305)932-626Z

Daytime Phone #