


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90028 045 \*\*\*158.75

<b>DOCUMENT # P03000129120</b>	
1. Entity Name <b>PANDEBONO'S VALLUNO U.S.A. INC.</b>	

Principal Place of Business <b>328 CRANDON BLVD LOCAL 115 KEY BISCAVNE, FL 33149</b>	Mailing Address <b>328 CRANDON BLVD LOCAL 115 KEY BISCAVNE, FL 33149</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>6272 NW 170 Terrace</b> Suite, Apt. #, etc.
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City & State <b>Miami, FL 33015</b>	City & State <b>Miami, FL 33015</b>
Zip <b>33015</b>	Country <b>USA</b>



03182004 Chg-P CR2E034 (10/03)

4. FEI Number <b>16-1688306</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CALVO, DANIEL I 2060 NE 62 ST FT LAUDERDALE, FL 33308</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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: *Daniel I Calvo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD VALLUNO, PANDEBONO'S CALLE 6 7 N 61A-20 BOGOTA, COLOMBIA,</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CALVO, JOSE P 328 CRANDON BLVD LOCAL 115 KEY BISCAVNE, FL 33149</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FRANCEL, JANETH 328 CRANDON BLVD LOCAL 115 KEY BISCAVNE, FL 33149</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CALVOEL, DANIEL I 328 CRANDON BLVD LOCAL 115 KEY BISCAVNE, FL 33149</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CALVO, JOSE P 6272 NW 170 Terrace Miami FL 33015</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FRANCEL, JANETH 6272 NW170 Terrace Miami, FL 33015</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Daniel I Calvo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #