2006 FOR PROFIT CORPORATION

Jan 26, 2006 8:00 am **ANNUAL REPORT (AR) Secretary of State** DOCUMENT # P03000129837 1. Entity Name 01-26-2006 90028 027 ***155.00 VALLE INTERNATIONAL EQ. CORP. Principal Place of Business Mailing Address 4471 NW 36 ST 4471 NW 36 ST MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 35-2218880 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALLE, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 4471 NW 36 ST. 🛶 -#221 MIAMI SPRINGS FL 33166 City Zip Code 8. Tig 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition VALLE, RAFAEL NAME NAME STREET ADDRESS 4471 NW 36 ST #221 STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-ZIP Delete TITLE TITLE ☐ Addition NAME CASAS, JAUN NAME YANEZ G. MARIO 4471 NW 36 ST #221 STREET ADDRESS STREET ADDRESS 8201 SW 99 COURT MIAM1 FL 33173 CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME VALLE, RAFAEL AUGUSTO NAME STREET ADDRESS STREET ADDRESS 4471 NW 36 ST #221 CITY-ST-ZIP CITY-\$T-ZIP MIAMI SPRINGS FL 33166 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

STREET ADDRESS

CITY+ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

RAFAEL VALLE

01/20/06

305/ 885-5013

FILED

Daytime Phone #