


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State


05-04-2005 90133 015 ***150.00

DOCUMENT # P03000131707	
1. Entity Name MARCIAL VALDEZ & ASSOC, INC.	

Principal Place of Business 1519 15TH LANE GREENACRES, FL 33463-4359	Mailing Address 1519 15TH LANE GREENACRES, FL 33463-4359
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2. Principal Place of Business 12972 S.W. 143rd Terrace Suite, Apt. #, etc.	3. Mailing Address 12972 S.W. 143rd Terrace Suite, Apt. #, etc.
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City & State Miami, Florida	City & State Miami, Florida
Zip 33186	Country USA

	
04282005	Chg-P CR2E034 (10/03)
4. FEI Number 20-0410470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERNANDEZ, FRANCIS 1519 15TH LANE GREENACRES, FL 33463-4359	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 12972 S.W. 143rd Terrace	
City Miami	Zip Code FL 33186

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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCIAL, ANEL A <input type="checkbox"/> Delete 1519 15TH LANE GREENACRES, FL 334634359
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, FRANCIS <input type="checkbox"/> Delete 1519 15TH LANE GREENACRES, FL 334634359
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, LOURDES <input type="checkbox"/> Delete 1519 15TH LANE GREENACRES, FL 334634359
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDEZ, GLORIA E <input type="checkbox"/> Delete 1519 15TH LANE GREENACRES, FL 334634359
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JORGE VOCAL <input type="checkbox"/> Delete 1519 15TH LANE GREENACRES, FL 334634359
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12972 S.W. 143rd Terrace Miami, Florida 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12972 S.W. 143rd Terrace Miami, Florida 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12972 S.W. 143rd Terrace Miami, Florida 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12972 S.W. 143rd Terrace Miami, Florida 33186
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: 	Date 4/29/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	