## 2008 FOR PROFIT CORPORATION

## **FILED** Feb 15, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P04000024031 1. Entity Name VALANG, INC. Principal Place of Business Mailing Address 4710 NW 2ND AVENUE STE 101 4710 NW 2ND AVENUE STE 101 BOCA RATON, FL 33431 BOCA RATON, FL 33431 CR2E034 (11/05) 01162008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 98-0427374 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRUNTON REGISTERED AGENTS INC. DO NOT WRITE 4710 NW BOCA RATON BOULEVARD **SUITE 101** IN THIS SPACE BOCA RATON, FL 33431 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. ٠, SIGNATURE: Signature, typed or profed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U000006829541 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 02/26/08-80045-816 150.00 ... After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ANGEHRN, VALENTINO MD NAME -STREET ADDRESS 4710 NW 2ND AVENUE STE 101 CITY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemple indicated on this report or supplemental report is true and accurate and that my signative of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered. ntz led in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director for 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

Valente Angehrn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2008

Daytime Phone :