


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000062265 1. Entity Name VALDES PRODUCE, INC.						FILED 07 SEP 19 AM 10: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 13410 SW 81ST STREET MIAMI, FL 33183 US				Mailing Address 13410 SW 81ST STREET MIAMI, FL 33183 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				08172007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		4. FEI Number 20-0998930		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 RIVAS, ABBY 13410 SW 81ST STREET MIAMI, FL 33183				7. Name and Address of New Registered Agent Name Eybi R. Valdes Street Address (P.O. Box Number is Not Acceptable) 13410 SW 81ST STREET City Miami FL Zip Code 33183			
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: 09/14/07			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALDES, OSCAR 13410 SW 81ST STREET MIAMI, FL 33183 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400109658594 09/19/07--01044--019 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVAS, ABBY 13410 SW 81ST STREET MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Eybi R. Valdes 13410 SW 81 ST STREET Miami, FL, 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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 exemptions contained in Chapter 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.							
SIGNATURE:  (Oscar Valdes)				Date: 09/14/07		Daytime Phone #: 1305 989 1234	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							