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07-08-2005 90022 036 ***158.75
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000084086			
1. Entity Name VALVERDE EXPRESS LINES, INC.			
Principal Place of Business 3626 SOUTH 57TH AVE. GREENACRES CITY, FL 33463 US		Mailing Address 3626 S. 57TH AVE. GREENACRES CITY, FL 33463 US	
2. Principal Place of Business		3. Mailing Address	
Bldg, Apt. #, etc.		Bldg, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. Name and Address of Current Registered Agent VALVERDE, PEDRO E SR. 3626 S. 57TH AVE. GREENACRES CITY, FL 33463		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 807.133(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 VALVERDE, PEDRO E SR. 3626 S. 57TH AVE. GREENACRES CITY, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP VALVERDE, LEONARDO 3626 S. 57TH AVE. GREENACRES CITY, FL 33463		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Penny D. Carter 3626 S. 57th Ave. Greenacres City, Fla. 33463 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I, the undersigned, declare that the information furnished in this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I will file an order of discharge of the corporation if it is dissolved or if it is converted to a partnership or other entity.			
SIGNATURE: Penny D. Carter (Secretary) July 1, 2005			

Signature: Penny D. Carter

229-985-8043