

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000064086

1. Entity Name
VALVERDE EXPRESS LINES, INC.



Principal Place of Business
**3626 SOUTH 57TH AVE.
GREENACRES CITY, FL 33463 US**

Mailing Address
**3626 SOUTH 57TH AVE.
GREENACRES CITY, FL 33463 US**



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2134258

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VALVERDE, PEDRO E SR.
3626 SOUTH 57TH AVE.
GREENACRES CITY, FL 33463**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **VALVERDE, PEDRO E SR.**
STREET ADDRESS **3626 S. 57TH AVE.**
CITY-ST-ZIP **GREENACRES CITY, FL 33463**

TITLE **VP**
NAME **VALVERDE, LEONARDO**
STREET ADDRESS **3626 S. 57TH AVE.**
CITY-ST-ZIP **GREENACRES CITY, FL 33463**

TITLE **S**
NAME **CARTER, PENNY D**
STREET ADDRESS **3626 SOUTH 57TH AVE.**
CITY-ST-ZIP **GREENACRES CITY, FL 33463**

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05/28/08-80123-011 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Penny D. Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 561-902-7007
Date Daytime Phone #