2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# P04000084552

Entity Name: VALSAR, INC.

Current Principal Place of Business:

15122 NW 87TH COURT
MIAMI LAKES, FL 33018

New Principal Place of Business:

Current Mailing Address:

15122 NW 87TH COURT
MIAMI LAKES, FL 33018

New Mailing Address:

FEI Number: 86-1107490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARRIA, MANUEL
15122 NW 87TH COURT
MIAMI LAKES, FL 33018 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SARRIA, MANUEL
Address: 15122 NW 87TH COURT
City-St-Zip: MIAMI LAKES, FL 33018

Title: VSTD ( ) Delete
Name: VALDES, C. CECILIA
Address: 15122 NW 87TH COURT
City-St-Zip: MIAMI LAKES, FL 33018

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change ( ) Addition
Name: VALDES, C. CECILIA
Address: 15122 NW 87TH COURT
City-St-Zip: MIAMI LAKES, FL 33018

Title: VTD ( ) Change (X) Addition
Name: VALDES, RAMIRO
Address: 4406 SW 142ND PL
City-St-Zip: MIAMI, FL 33175 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL SARRIA PD 01/25/2009

Electronic Signature of Signing Officer or Director Date