2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # P04000109501 1. Entity Name VALERINA CORP.								04-25-2005	•) ***15().00
Principal Place of Business 8120 N.E. 12TH AVENUE MIAMI, FL 33138				Mailing Address 8120 N.E. 12TH AVENUE MIAMI, FL 33138				N 8801 2811 2811 8811 8811	N 1500 BOHE (11 BOHE	SNN 85/21 //25/21	
2. Principal Place of Business				3. Malling Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04152005	Chg-P	CR2E034	4 (10/03)	
City & State				City & State			4. FEI Numb	-0522°	822		plied For t Applicable
Zip	p Country			Zip Co.		ntry	5. Certificate of Status Desired S8.75 Additional Fee Regulard				
6. Name and Address of Current			rrent Regi	Registered Agent		Name	7. Name and	d Address of New R	egistered Ag	ent	
DE VITA, MAXIMILIANO 8120 N.E. 12TH AVENUE MIAMI					Street Address (P.O. Box Number is Not Acceptable)						
FL, FL 33138											
						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											
Signature, typed or printed name of registered agent and title d applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing "\$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	DP	OFFICERS	AND DIRE		11. TITL		ADDITIONS	/CHANGES TO OFF		_	
TITLE NAME	DP Delete					Œ E			1	Change	Addition
STREET ADDRESS CITY-ST-ZIP	8120 N.E. MIAMI, FI	. 12TH AVENUE L 33138				EET ADDRESS (-ST-ZIP					
TITLE	DVP	☐ Delete	TETL	£				Change	Addition		
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CITY-ST-ZIP	•					r-ST-ZIP					
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STREET ADDRESS											
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STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP	Certify that th	e information conclin	rd with this	filing does not qualify to		r-ST-ZIP	Section 110 07/2	Vi) Florida Statutos	Limither comit	u that tha i-	formation
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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 or Block 11 or Block 10 or Block 11											
changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: 18/05											
		SIGRATURE AND TYPE	ED OR PRINTE	D HAME OF SIGNING OFFICE	OR DIREC	TOR		Date	Day	time Phone #	1