

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000127738

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: VALET WASTE MANAGEMENT, INC.

## Current Principal Place of Business:

4402 S.W. CACAO STREET  
PORT SAINT LUCIE, FL 34953

## New Principal Place of Business:

## Current Mailing Address:

4402 SW CACAO STREET  
PORT SAINT LUCIE, FL 34953

## New Mailing Address:

FEI Number: 68-0592755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAREY, LATANNIA  
12000 4TH STREET NORTH  
APT 184  
SAINT PETERSBURG, FL 33716 US

## Name and Address of New Registered Agent:

CAREY, LATANNIA  
4402 SW CACAO STREET  
PORT SAINT LUCIE, FL 34953 US

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: LATANNIA CAREY

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: CAREY, LATANNIA  
Address: 12000 4TH STREET NORTH APT. 184  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VP ( ) Delete  
Name: SANTIAGO, SHEILA  
Address: 4402 SW CACAO ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CAREY, LATANNIA  
Address: 4402 SW CACAO STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LATANNIA CAREY

MS

04/11/2007

Electronic Signature of Signing Officer or Director

Date