

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000127738

FILED
Jul 12, 2008
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:

PO BOX 882332
PORT SAINT LUCIE, FL 34953

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
4402 SW CACAO STREET
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

CAREY, LATANNIA
4402 SW CACAO STREET
PORT SAINT LUCIE, FL 34988 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:

07/12/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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: PO BOX 882332
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: VP (X) Change () Addition
Name: SANTIAGO, SHEILA
Address: PO BOX 882332
City-St-Zip: PORT SAINT LUCIE, FL 34988

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: LATANNIA CAREY

MS

07/12/2008

Electronic Signature of Signing Officer or Director

Date