2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # P04000129743 1. Entity Name VALET WASTE PROPERTIES, INC.						03-31-2008	90003 03	33 ***150	0.00	
Principal Place of Business Mailing Address					1					
1306 FOURTH AVENUE		PO BOX 5738								
TAMPA, FL 33605		TAMPA, FL 33675								
						III. 21211 22 111 22 14 22 11	DE ESTEN MENTE NO	 	11861 IL 1886	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					and the second s			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03042008	Chg-P	CR2E03	34 (12/06)		
City & State		City & State			4. FEI Number 20-17452	281	-	_ <u></u>	plied For t Applicable	
Žip	Country	Zip	Coun	try	5. Certificate of	Status Desired		8.75 Add		
	6. Name and Address of Current I	Registered Agent		·	7. Name and A	ddress of New R			<u> </u>	
		regional de Agent		Name						
BEYER, D					et Address (P.O. Box Number is Not Acceptable)					
C/O DLA PIPER RUDNICK GRAY CARY US LLP 101 EAST KENNEDY BLVD SUITE 2000 TAMPA, FL 33602				Street Address	(P.O. Box Number	IS NOT ACCEPTABLE				
, IAMEA, II	L 33002			City				Zip Code		
_					FL Zip Code					
	named entity submits this statement for ions of registered agent.	the purpose of changing it	s register	ed office or registe	ered agent, or both,	in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE										
	Signature, typed or printed name of registered agent a	nd title if applicable /NO		d Agent signature require			DATE			
<u> </u>	- agrature, typed or private name or registered agent a	, 110 mappinosoci. (110	TE. Negistere	a rigent signature radone	ed when reinstating)		DATE			
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I hereby certify that the information supplied with this fifing 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:

JOHN, Mahael Forn's SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mahael Foris

3/28/08

813-546-0616

Daytime Phone #