2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000130658

1. Entity Name
VALLEY MASONARY SERVICES INC.

Principal Place of Business	Mailing Address
3806 KENNEDY CIRCLE COCOA, FL 32926	3806 KENNEDY CIRCLE COCOA, FL 32926

DO NOT WRITE IN THIS SPACE

04252008   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-3295334

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALLEY, ALBERTO
3806 KENNEDY CIRCLE
COCOA, FL 32926

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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 if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000935020
05/23/08-80055-017 150.00

10.	OFFICERS AND DIRECTORS		
TITLE	D		
NAME	VALLEY, ALBERTO		
STREET ADDRESS	3806 KENNEDY CIRCLE		
CITY-ST-ZIP	COCOA, FL · 32926		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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: *Alberto Valley*   4-25-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #