2006 FOR PROFIT CORPORATION

| <u> </u> | <u></u> | ANNUAL | REPURI | | r. | 7 | | | | |
|--|------------------|----------------------------------|-------------------------------------|-------------|-------------------------|----------------------------|----------------------------------|--|-------------------------------|--|
| DOCU | MENT # | ‡P04000146 | | | בוו בה | | | | | |
| 1. Entity Nam VALCA C | | | | | | | FILED | | | |
| VALUA C | OKF. | | | | 06 AUG -4 AM 9:30 | | | | | |
| Principal Place of Business Mailing Address | | | | | | 1 | SECRET | ARY OF STAT | ·F | |
| 809 SW 8 ST | Ϊ. | | 809 SW 8 ST. | | | | TALLAH | ASSEE, FLORI | ĎΑ | |
| #204 Miami, FL 3: | 3130 US | | #204 Miami, Fl 33130 US | | | İ | | • | - ' ' | |
| | | | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 08032006 | Chg-P | CR2E034 (11/05 | · | |
| City & State | | | City & State | | | 4. FEI Numb 71-097 | - | j | Applied For Not Applicable | |
| Zip | | Country | Zip | Coun | ntry | 5. Certificate | of Status Desired | ☐ \$8.75 A Fee Requi | | |
| 6. Name and Address of Current Registered Agent | | | | | Name | 7. Name and | Address of New I | Registered Agent | <u> </u> | |
| VALAREZ | O, CARMIT | A N | | | Name | | | | | |
| 809 SW 8 ST. #204 | | | Street Add | | Street Address | (P.O. Bax Numb | er is Not Acceptabl | le) | | |
| MIAMI, FL | 33130 | | | | City | | | Zip Co | vte | |
| | | | | | • | | | FL | | |
| 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. | | | | | | | | | | |
| Carrier Malan b | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (INDTE: Registered Agent algrature required when reinstating) DATE | | | | | | | | | | |
| | | | | | | | | | | |
| | _ | FEE IS \$150.00 cmber 6, 2006 | 9. Election Campa Trust Fund Cor | | | 5.00 May Be ded to Fees | In accordance corporation did | with s. 607.193(2)(b I not receive the prio |), F.S., the r notice. | |
| 10. | | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS | L /CHANGES TO OF | FICERS AND DIRECTO | PRS IN 11 | |
| TITLE | PD | | ☐ Delete ITILE | | į. | | | Chang | Addition | |
| NAME STREET ADDRESS | 809 SW 8 | D, CARMITA N | NAME STREET | | me Eet address | | 18/06010 | 8885364 45016 **1 | : 50.00 | |
| CITY-ST-ZIP | MIAMI, FL | | | | (-\$T-ZIP | 551 | rer de lato. | TO UIU TTI | JU.UU | |
| TITLE | | | ☐ Detete | IM. | Ę | | | ☐ Chang | Addition | |
| NAME | | | | NAM | ·- (| | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | EET ADDRESS Y-ST-ZIP | | | | | |
| TITLE | | | ☐ Delete | III | | | | ☐ Chang | a Addition | |
| NAME | | | | · NAM | 1 | | | | | |
| STREET ADDRESS | | | | • | EET ADDRESS | | | | | |
| CITY-ST-ZIP | <u> </u> | | ☐ Delete | ım | Y-ST-ZIP | | | Chang | e | |
| TITLE NAME | | | LI UERRE | NAA | | | | C) Orking | | |
| STREET ADDRESS | | | | | EET ADDRESS | | | | | |
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| NAME STREET ADDRESS | | | | | REET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | Y-ST-ZIP | | | | | |
| 12. I horoby | cartily that the | information supplied wi | th this filing does not qualify | for the ex | kemptions containe | ed in Chapter 11 | 9, Florida Statutes. | I further certify that the | e information | |
| 12. I horoby cortily 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 cignature shall have the same legal effect as if made under oath; that I am an officer or director of the composition 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 extendance with an address, with all other like empowered. | | | | | | | | | | |
| | | | | | | | | | | |
| SIGNA | TURE: \succeq | arner V | PRINTED NAME OF SIGNING OFFICE | :0 D0 N0** | 2708 | | Date | Daytime Phone | | |
| 1 | | SIGNATURE AND TYPED OF | FRITTED NAME OF BUSINES OFFICE | IN UK DIKEC | , | | Date | Legume rhone | = | |