## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jun 29, 2005 8:00 am **Secretary of State DOCUMENT # P04000166301** 06-08-2005 90001 018 \*\*\*150.00 **VALERO & GONZALEZ PA** Principal Place of Business Mailing Address **4311 DIAMOND TERRACE 4311 DIAMOND TERRACE PPECAUDU** WESTON, FL 33331 WESTON, FL 33331 2. Principal Place of Business A311 O mond 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05112005 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALERO-GONZALEZ, EVELYN. Street Address (P.O. Box Number is Not Acceptable) **4311 DIAMOND TERRACE** WESTON, FL 33331 City Zip Code 8. The above named entity submits this sequence 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 ag SIGNATURE. Signature, t tered agent and life if applicable (NOTE: Registered Agent eignature requirer) when (ninstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. П Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change MIt F ☐ Delete ☐ Addition VALERO-GONZALEZ, EVELYN NAME HAME STREET ADDRESS **4311 DIAMOND TERRACE** STREET ADDRESS CITY-ST-ZIP WESTON, FL 33331 CITY+ST-Z:P Delete TITLE ☐ Change ☐ Addition NAME GONZALEZ, MARIO MARTIN NAME 4311 DIAMOND TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33331 CITY-SI-7IP FIFLE Delete nne Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition HALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this this indicated on this report or supplemental region is the receiver or turber employers changed, or on an attachment with an address with as is thing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information up and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if have like empowered. SIGNATURE:

FILED