

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000172826

1. Entity Name

VALMAR MASONRY COMPANY



**FILED
Feb 27, 2006 8:00 am
Secretary of State**

02-27-2006 90071 005 ***158.75



1st MOORE CR2E034 (10/05)

| | |
|--------------------------------------|--------------------------------------|
| Principal Place of Business | Mailing Address |
| 4648 ALRIX DRIVE ORLANDO FL 32839 | 4648 ALRIX DRIVE ORLANDO FL 32839 |

| | |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address <i>708 S. Alder Ave.</i> |
|--------------------------------|--|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|---|
| City & State | City & State <i>Orlando, Florida</i> |
|--------------|---|

| | | |
|-----|---------------------|-----------------------|
| Zip | Zip <i>32807</i> | Country <i>USA</i> |
|-----|---------------------|-----------------------|

| | | | | |
|---|--|---|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | |
| TORRES, VALDOINIO 4648 ALRIX DRIVE ORLANDO FL 32839 <i>(address change only)</i> | | Name VALDOINIO TORRES Street Address (P.O. Box Number is Not Acceptable) <i>708 S. Alder Ave.</i> City <i>Orlando</i> FL <i>32807</i> | | |

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 *Valdoinio Torres* - *2.6.06*

(NOTE: Registered Agent signature required when reinstating)

DATE

| | |
|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | |
|--|--|

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

| | | | | |
|----------------------------|-------------------|---|----------------|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>708 S. Alder Ave Orlando, FL 32807</i> |
| NAME | TORRES, VALDOINIO | | NAME | |
| STREET ADDRESS | 4648 ALRIX DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32839 | | CITY-ST-ZIP | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>708 S. Alder Ave. Orlando, FL, 32807</i> |
| NAME | COLL, MARTA | | NAME | |
| STREET ADDRESS | 4648 ALRIX DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32839 | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Valdoinio Torres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.06.06 (407) 209-7888(c)