

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010689

Entity Name: CHACON-VALDES INC.

FILED  
Mar 08, 2006  
Secretary of State

## Current Principal Place of Business:

5701 SUNSET DRIVE  
THE SHOPS @ SUNSET PLACE  
MIAMI, FL 33143

## Current Mailing Address:

9210 SW 67 ST  
MIAMI, FL 33173

## New Principal Place of Business:

7795 WEST FLAGLER ST  
PUSH CART#3 BOX#113  
MIAMI, FL 33144

## New Mailing Address:

7795 WEST FLAGLER ST  
PUSH CART#3 BOX#113  
MIAMI, FL 33144

FEI Number: 20-2194824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHACON, AMAURYS  
9210 SW 67 ST  
MIAMI, FL 33173 US

## Name and Address of New Registered Agent:

VALDES, ROBERT  
7795 WEST FLAGLER ST  
PUSH CART#3 BOX#113  
MIAMI, FL 33144 US

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.

SIGNATURE: ROBERT VALDES

03/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHACON, AMAURYS  
Address: 9210 SW 67 ST  
City-St-Zip: MIAMI, FL 33173

Title: VP ( ) Delete  
Name: VALDES, ROBERT  
Address: 9411 SW 16 ST  
City-St-Zip: MIAMI, FL 33165

Title: SEC (X) Delete  
Name: SALVADOR, KATIA  
Address: 9210 SW 67 ST  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VALDES, ROBERT  
Address: 7795 WEST FLAGLER ST BOX#113  
City-St-Zip: MIAMI, FL 33144

Title: VP (X) Change ( ) Addition  
Name: VALDES, LOURDES  
Address: 9440 FOUNTAINBLUE BLVD #412  
City-St-Zip: MIAMI, FL 33172

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT VALDES

P

03/08/2006

Electronic Signature of Signing Officer or Director

Date