2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 21, 2008 8:00 am Secretary of State

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DOCUMENT # P05000034332 1. Entity Name VALLS DEVELOPMENT GROUP, INC.						05-21-200	8 90027 (01 ***15	0.00	
Dringing Dies	- of Desciones	Mailing Address			60042	45H				
Principal Place 3381 7TH AV NAPLES, FL	VENUE S.W.	Mailing Address 3381 7TH AVENUE S.W. NAPLES, FL 34117				000				
					1 (88)(88) (80)	KED DIIN BENI ABIN B	EM BRITT IKAN AN	AND THE RESIDENCE		
D. Drinning Discourt Discourt Discourt Address										
	lace of Business - No P.Q Box #	3. Mailing Address	x St							
Suite, Apt.		16401 SW 1	9 81							
Suite, Apt.	m, etc.	Suite, Apt. #, etc.			04072008	Chg-P	CR2E0	34 (12/06)		
	Namor 12	City & State		•	4. FEI Number 20-31584	463		Not	plied For t Applicable	
Zip 3 3	027 Country	Zip 33027	Country		5. Certificate of	Status Desired		\$8.75 Addi Fee Required		
6. Name and Address of Current Registered Agent			I	7. Name and Address of New Registered Agent						
Name and Address of our ent Registered Agent					7. 146/110 2010 24	ddiess of Hen	registered r	Bauc		
VALLS, PABLO										
3381 7TH AVENUE S.W.				Street Address (P.O. Box Number is Not Acceptable)						
NAPLES, FL 34117										
			City			-		Zip Code		
							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.										
SIGNATURE Signature, typed or printed name of registered agent and atteil applicable. (NOTE Registered Agent signature required when reinstating) DATE										
		111111111111111111111111111111111111111					-			
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign			00 May Be					
After Ma	ay 1, 2008 Fee will be \$550.0	Trust Fund Contribu	ition.	Addi	ed to Fees					
10.,	OFFICERS AND I	DIRECTORS	11.			HANGES TO OF	FICERS AND	DIRECTORS	IN 11	
TITLE :	PT	⊠ Delete	TITLE	6.7	LLS PA			☐ Change	Addition	
NAME	VALLS, PABLO	·	NAME	U 14	ITTZ AM	Pro 07				
STREET ADDRESS	3381 7TH AVENUE S.W.		STREET ADDRESS	16	401 SW	1000				
CITY-ST-ZIP	NAPLES, FL 34117		CITY-ST-ZIP	***************************************	chamar	THE :	33021			
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NAME	VALLS; PABLO		NAME		•	II				
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	NAPLES, FL 34117			<u> </u>	> ramer	THL ?	3306	G ~:		
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NAME CERTES ARROSERS			NAME CIDEEL ADDRESS							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
	Learnify that the information supplied with	this filing does not qualify for the		nntained	in Chanter 119	Florida Statutes	I further nert	ify that the in	Inmation	
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 offect 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 11 if										
changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: SIGNATURE: SIGNATURE MID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date										
JIJIMI	SIGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING OFFICER OR I	DIRECTOR	''''	· v/ · · · · ·	Date		avtime Phone #		