

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-21-2008 90027 001 ***150.00

DOCUMENT # P05000034332

1. Entity Name
VALLS DEVELOPMENT GROUP, INC.



Principal Place of Business
**3381 7TH AVENUE S.W.
NAPLES, FL 34117**

Mailing Address
**3381 7TH AVENUE S.W.
NAPLES, FL 34117**

60042950



2. Principal Place of Business - No P.O. Box #

16401 SW 18 ST

3. Mailing Address

16401 SW 18 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008

Chg-P

CR2E034 (12/06)

City & State

McNamara FL

City & State

McNamara FL

4. FEI Number

20-3158463

Applied For

Not Applicable

Zip

33027

Country

Zip

33027

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VALLS, PABLO
3381 7TH AVENUE S.W.
NAPLES, FL 34117**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **PT** ☒ Delete
NAME: **VALLS, PABLO**
STREET ADDRESS: **3381 7TH AVENUE S.W.**
CITY- ST- ZIP: **NAPLES, FL 34117**

TITLE: **VPS** ☒ Delete
NAME: **VALLS, PABLO**
STREET ADDRESS: **3381 7TH AVENUE S.W.**
CITY- ST- ZIP: **NAPLES, FL 34117**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PT** ☐ Change ☒ Addition
NAME: **VALLS PABLO**
STREET ADDRESS: **16401 SW 18 ST**
CITY- ST- ZIP: **McNamara FL 33027**

TITLE: **VPS** ☐ Change ☒ Addition
NAME: **VALLS PABLO**
STREET ADDRESS: **16401 SW 18 ST**
CITY- ST- ZIP: **McNamara FL 33027**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/08

Date

954-304-0729

Daytime Phone #