

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000049679

Entity Name: KEMUEL VALDES, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

200 GOLDEN ISLES DR
SUITE 405
HALLANDALE, FL 330095830

New Principal Place of Business:

320 NE 12 AVE
504
HALLANDALE, FL 33009

Current Mailing Address:

200 GOLDEN ISLES DR
SUITE 405
HALLANDALE, FL 330095830

New Mailing Address:

320 NE 12 AVE
504
HALLANDALE, FL 33009

FEI Number: 11-3753188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, KEMUEL
200 GOLDEN ISLES DR
SUITE 405
HALLANDALE, FL 330095830 US

Name and Address of New Registered Agent:

VALDES, KEMUEL
320 NE 12 AVE
504
HALLANDALE, FL 33009 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:

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALDES, KEMUEL
Address: 200 GOLDEN ISLES DR SUITE 405
City-St-Zip: HALLANDALE, FL 330095830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALDES, KEMUEL
Address: 320 NE 12 AVE 504
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify 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: KEMUEL VALDES

MR.

03/23/2009

Electronic Signature of Signing Officer or Director

Date