
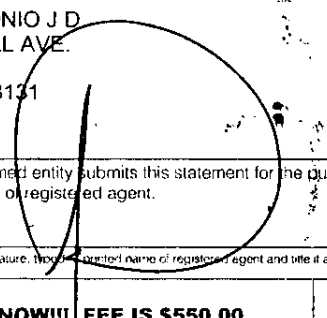
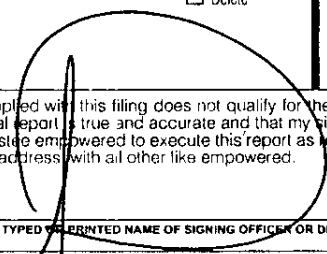


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90212 042 ***150.00

DOCUMENT # P05000073190 1. Entity Name MTS VALVES INC.					
Principal Place of Business 999 BRICKELL AVENUE SUITE 402 MIAMI, FL 33131 US			Mailing Address 999 BRICKELL AVENUE SUITE 402 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # 8405 NW 53 Street			3. Mailing Address STP C-205		
Suite, Apt. #, etc. STP C-205			Suite, Apt. #, etc. 		
City & State DORAL FL			City & State 		
Zip 33178			Country Dade		
4. FEI Number 37-1511743			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LORO, ANTONIO J D 999, BRICKELL AVE 402 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name FRANCISCO B DELCLAUX Street Address (P.O. Box Number is Not Acceptable) 5731 NW 112 AVE City DORAL FL Zip Code 33178		
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  DATE 5/27/08 <small>Signature: If not a registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORO, ANTONIO J 999 BRICKELL AVENUE STE 402 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSE M. VAQUEZ 5731 NW 112 AVE DORAL FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, EDUARDO 999 BRICKELL AVENUE STE 402 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCISCO B. DELCLAUX 5731 NW 112 AVE DORAL FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied in 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: 			Director 5/27/08 <small>SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		