2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000081214

Entity Name: VALVECO CORP

FILED Jan 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1508 BAY RD - APT 207 10001 NW 50 STREET MIAMI BEACH, FL 33139

112

SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

1508 BAY RD - APT 207 10001 NW 50 STREET MIAMI BEACH, FL 33139 SUNRISE, FL 33351

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOZANO, MAURICIO LOZANO, MAURICIO 1508 BAY RD - APT 207 10001 NW 50 STREET MIAMI BEACH, FL 33139 US SUNRISE, FL 33351 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: MAURICIO LOZANO 01/04/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

LOZANO, MAURICIO LOZANO, MAURICIO Name: Name: 1508 BAY RD - APT 207 Address: 10001 NW 50 STREET, SUITE 112 Address:

City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: SUNRISE, FL 33351

Title: VΡ Title: VΡ (X) Change () Addition () Delete

BARRERA, SAULO Name: BARRERD, SAULO Name:

1125 WATERSIDE CIRCLE Address: 10001 NW 50 STREET, SUITE 112 Address:

WESTON, FL 33327 SUNRISE, FL 33351 City-St-Zip: 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.

Ρ SIGNATURE: MAURICIO LOZANO 01/04/2007