

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90056 012 ***150.00

DOCUMENT # P05000082538	
1. Entity Name VALENTINA TRUCKING SERVICE INC	

Principal Place of Business 3709 SW 19TH PLACE CAPE CORAL, FL 33914	Mailing Address 3709 SW 19TH PLACE CAPE CORAL, FL 33914
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2. Principal Place of Business 1206 SE 6TH ST Suite, Apt. #, etc. APT 202 City & State CAPE CORAL FL Zip 33990 Country	3. Mailing Address 1206 SE 6TH ST Suite, Apt. #, etc. APT 202 City & State CAPE CORAL FL Zip 33990 Country
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01042006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2963326	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OLLER, FRANCISCO 3709 SW 19TH PLACE CAPE CORAL, FL 33914	7. Name and Address of New Registered Agent Name OLLER FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 1206 SE 6TH ST Apt 202 City CAPE CORAL FL Zip Code 33990
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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 <small>* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLLER, FRANCISCO 3709 SW 19TH PLACE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLLER FRANCISCO 1206 SE 6TH ST APT 202 CAPE CORAL FL 33990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 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: X 	Date 01-05-06 (239) 8724804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #