


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90310 005 ***158.75

DOCUMENT # P05000091380

1. Entity Name
VALI CONSTRUCTION, INC.



Principal Place of Business
14831 SW 80 - APR 204
MIAMI, FL 33193

Mailing Address
14831 SW 80 - APR 204
MIAMI, FL 33193

2. Principal Place of Business
16106 SW 47TH ST
 Suite, Apt. #, etc.

3. Mailing Address
16106 SW 47TH ST
 Suite, Apt. #, etc.



04202006 Chg-P CR2E034 (11/05)

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA.

4. FEI Number
20-3102443

Applied For
 Not Applicable

Zip
33196

Country
US

Zip
33196

Country
US.

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

6. Name and Address of Current Registered Agent
PAREDES, ROONY H
14831 SW 80 - APR 204
MIAMI, FL 33193

7. Name and Address of New Registered Agent
 Name **PAREDES ROONY H.**
 Street Address (P.O. Box Number is Not Acceptable)
16106 SW 47TH ST
 City **MIAMI** FL Zip Code **33196**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAREDES, ROONY H		NAME PAREDES ROONY H.	
STREET ADDRESS 14831 SW 80 - APR 204		STREET ADDRESS 16106 SW 47TH ST MIAMI FL 33196	
CITY-ST-ZIP MIAMI, FL 33193		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Roony H. Paredes* 4/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #