

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90098 011 ***150.00

DOCUMENT # P05000096439	
1. Entity Name VALENTINE FARM CORP.	



Principal Place of Business 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414	Mailing Address 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414
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40014816



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01312007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3807321	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DE MENDOZA, III, MARIO G. P.A. 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DPST	☐ Delete		TITLE	V	☒ Change ☐ Addition	
NAME	MANDELBAUM, LEONARDO			NAME	Celine, Olexa		
STREET ADDRESS	12765 FOREST HILL BLVD SUITE 1302			STREET ADDRESS	12765 Forest Hill Blvd., Suite 1302		
CITY-ST-ZIP	WELLINGTON, FL 33414			CITY-ST-ZIP	Wellington, FL 33414		
TITLE	CELINE, OLEXA	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	CELINE, OLEXA			NAME			
STREET ADDRESS	12765 FOREST HILL BLVD, STE 1302			STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON, FL 33414			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ 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: Leonardo Mandelbaum Leonardo Mandelbaum, Pres. 2/6/07
Date Daytime Phone #