


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90003 001 ***550.00

DOCUMENT # P05000103005	
1. Entity Name VALOR H CORPORATION	

Principal Place of Business 1040 EAST 14TH. STREET HIALEAH FL 33010	Mailing Address 3640 EAST 4TH. AVENUE APARTMENT # 207 HIALEAH FL 33013
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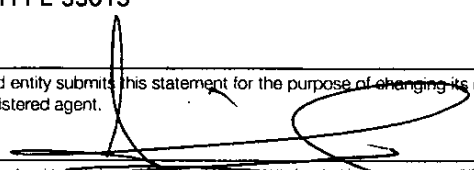
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1040 East 14 Street
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2nd MOORE CR2E034 (4/06)

City & State Hialeah, FL	4. FEI Number 20-2999989 -	Applied For Not Applicable
Zip 33010	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALOR, LUIS A 3640 EAST 4TH. AVENUE APARTMENT # 207 HIALEAH FL 33013	Name Valor, Luis A.
	Street Address (P.O. Box Number is Not Acceptable) 1040 E. 14 ST.
	City Hialeah
	State FL
	Zip Code 33010

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 \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VALOR, LUIS A <input type="checkbox"/> Delete 3640 EAST 4TH. AVENUE, APT # 207 HIALEAH FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT VALOR, HORACIO R <input type="checkbox"/> Delete 3640 EAST 4TH. AVENUE, APT # 207 HIALEAH FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS GARCIA, NANETTE D <input checked="" type="checkbox"/> Delete 1900 SAN-SOUCI BOULEVARD, APT # 122 NORTH MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Valor, Luis A. 1040 East 14 Street Hialeah FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Valor, Horacio R. 1040 East 14 Street Hialeah FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ Date _____ Daytime Phone # _____