

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90303 023 \*\*\*158.75

DOCUMENT # P05000126354					
1. Entity Name VALCOT INC					
Principal Place of Business 1925 BRICKELL AVE. SUITE D-1807 MIAMI, FL 33129			Mailing Address 1925 BRICKELL AVE. SUITE D-1807 MIAMI, FL 33129		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>20-3485479</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COTARELO, DANIEL <del>6202 NW 116 AVE #439</del> MIAMI, FL <del>33178</del>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>275 N.E. 18 ST # 1510</b>		
			City <b>MIAMI</b> FL Zip <b>33132</b>		
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTARELO, DANIEL A <del>6202 NW 116 AVE #439</del> MIAMI, FL <del>33178</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>275 N.E. 18 ST. # 1510</b> <b>MIAMI, FL 33132</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENCIA, CHRISTIAN A 1925 BRICKELL AVE STE D-1807 MIAMI, FL 33129	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> 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: 			Date <b>05/03/06</b> Daytime Phone # <b>(305) 527-9720</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40088154



05032006 Chg-P CR2E034 (11/05)

ATTACHMENT  
40088154

**Abril 03, 2006**

Department of State  
Division of Corporation.  
P.O.BOX 6327  
Tallahassee, Fl. 32314

**SUBJECT 2,006, ANNUAL REPORT  
VALCOT INC  
1925 BRICKELL AVE STE D-1807  
Miami, Fl 33129**

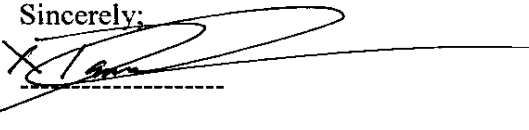
**Document # P05000126354**

We would like to inform the Department of Corporation that we have not received in time the **ANNUAL REPORT NOTICE** to update our corporation for the years 2,006. The address is the same

We are requesting any waiver of penalties or interests and your deep understanding. Our Accountant question us about it and advise to explain as soon as posible the missing documents 2,006 Annual Report) .

We need your support and understanding. Thanks

Sincerely;

A handwritten signature in black ink, appearing to be 'X. T. Garcia', is written over a horizontal dashed line.