

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000136282

Entity Name: VALE'S MANAGEMENT SERVICES, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

6327 N.W. 19 CT
MARGATE, FL 33063

New Principal Place of Business:**Current Mailing Address:**

P.O. BOX 938517
MARGATE, FL 33093

New Mailing Address:

FEI Number: 20-3601216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VALE, LAQUTRIS
6327 NW 19TH COURT
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALE, HUBERT
Address: 6327 NW 19TH COURT
City-St-Zip: MARGATE, FL 33063

Title: VP/S () Delete
Name: VALE, LAQUTRIS
Address: 6327 NW 19TH COURT
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAQUTRIS VALE

V/P

04/30/2008

Electronic Signature of Signing Officer or Director

Date