

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90025 025 \*\*\*150.00

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<b>DOCUMENT # P05000142649</b> 1. Entity Name <b>VALCAR TALENT &amp; MODELING AGENCY, INC.</b>					
Principal Place of Business <b>555 NW 72ND AVENUE, #307 MIAMI, FL 33126-5842</b>			Mailing Address <b>555 NW 72ND AVENUE, #307 MIAMI, FL 33126-5842</b>		
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px; display: inline-block;">S/A</div>		3. Mailing Address <div style="border: 1px solid black; padding: 2px; display: inline-block;">S/A</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07052006    Chg-P    CR2E034 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GARCIA, CARLOS</b> <b>555 NW 72ND AVENUE, #307</b> <b>MIAMI, FL 33126-5842</b>				7. Name and Address of New Registered Agent Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">S/A</div> Street Address (P.O. Box Number is Not Acceptable)  City <div style="border: 1px solid black; padding: 2px; display: inline-block;">FL</div> 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     DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIDAL, VALIA		NAME		
STREET ADDRESS	555 NW 72ND AVENUE, #307		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331265842		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, CARLOS		NAME		
STREET ADDRESS	555 NW 72ND AVENUE, #307		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331265842		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:			7/5/06    3052616251		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		