FILED Jun 06, 2007 8:00 am Secretary of State 05-08-2007 90016 003 ***150.00

5,

2007 FOR PROFIT CORPORATION ANNUAL REPORT

THE NOWNII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 Determine Trust Fund Contribution. \$5.00 May 8a Added to Fees \$5.00 May	DOCUMENT # P0600005799 1. Entity Name VALLEY ROAD CO.											
Salta, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State Country Tip Country S. Certificate of Status Desired Set 74 Authors Set 74	201 BRIDLE PATH 201 BRIDLE PATH					:		18 abith abin adin acin es	D)() 87 (0 16 (3)	e nia 1 40 00 Jeva J	garičini	
Cay & State City & State Country Country S. Certificate of Status Desired RUBENSTEIN, NORMAN 201 BRIDLE PATH LONGWOOD, FL 32779 City Street Address (P.O. Box Number is Nox Acceptable) City FL Zip Code Street Address (P.O. Box Number is Nox Acceptable) City FL Zip Code The obligations of registered agent, or box, in the State of Poorts, in the State	2. Principal P	Pace of Busin	ess - No P.O. Box #	3. Mailing Address	Mailing Address							
8. Harne and Address of Current Registered Agent 7. Name and Address of Rever Registered Agent Norman RUBENSTEIN, NORMAN 201 BRIDLE PATH LONGWOOD, FL 32779 6. The above named only submits the statement for the purpose of changing as registered office or registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the purpose of changing familier registered agent, or both, in the State of Porks. I am familier with, and accept the purpose of registered agent, or both, in the State of Porks. I am familier with, and accept the purpose of registered agent, or both, in the State of Porks. I am familier with, and accept the purpose of registered agent, or both, in the state of Porks and accept the purpose of Porks and accept the Porks and							•					
8. Harne and Address of Current Registered Agent 7. Name and Address of Rever Registered Agent Norman RUBENSTEIN, NORMAN 201 BRIDLE PATH LONGWOOD, FL 32779 6. The above named only submits the statement for the purpose of changing as registered office or registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the obligations of registered agent, or both, in the State of Porks. I am familier with, and accept the purpose of changing familier registered agent, or both, in the State of Porks. I am familier with, and accept the purpose of registered agent, or both, in the State of Porks. I am familier with, and accept the purpose of registered agent, or both, in the State of Porks. I am familier with, and accept the purpose of registered agent, or both, in the state of Porks and accept the purpose of Porks and accept the Porks and	City & State			,		4. FEI Numb	20-4118	3648				
RUBENSTEIN, NORMAN 201 BRIDLE PATH LONGWOOD, FL 32779 City FL Zip Code 8. The above nemed entity submits this statement for the purpose of changing as registered office or registered agent, or born, in the Statu of Portise. I am familiar with, and accept the outligations of registered agent, or born, in the Statu of Portise. I am familiar with, and accept the outligations of registered agent, or born, in the Statu of Portise. I am familiar with, and accept the outligations of registered agent, or born, in the Statu of Portise. I am familiar with, and accept the outligations of registered agent, or born, in the Statu of Portise. I am familiar with, and accept the outligations of registered agent, or born, in the Statu of Portise. I am familiar with, and accept the outligations of registered agent, or born, in the Statu of Portise. I am familiar with, and accept the outlight of the purpose of changed of Portises (P.O. Box Number is Not Acceptable) City FILE MOWIII FEE 18 \$190,00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OR PUBENSTEIN, NORMAN TOTAL NORS OFFICERS AND DIRECTORS IN 11 OR PUBENSTEIN, NORMAN STRET MORES OFFICERS AND DIRECTORS ITIES MAKE STRET MORES OFFICERS OFFICERS AND DIRECTORS IN 11 OR DECENTION OFFICERS AND DIRECTORS IN 11 ITIES MAKE STRET MORES OFFICERS OFFICER	Zip					tiry	l l					
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Porids. I am lamilier with, and accept the obligations of registered agent. SIGNATURE FILE NOWILL FEE 18 \$150,00 After May 1, 2007 Fee will be \$550,00 After May 1, 2007 Fee will be \$550,00 In OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IN I		6. Name	and Address of Current		Name	7. Name an	d Address of New	Registered	Agent			
B. The above named entity submits this statement for the purpose of changing its registated office or registered agent, or both, in the State of Poricis. I am familier with, and accept the obligations of registared agent. SIGNATURE FILE NOWILL FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Determine Process of the process of the purpose of changing its registated office or registered agent, or both, in the State of Poricis. I am familier with, and accept the purpose of changing its registated office or registered agent, or both, in the State of Poricis. I am familier with, and accept the purpose of changing its registated office or registered agent, or both, in the State of Poricis. I am familier with, and accept the purpose of changing its registated office or registered agent, or both, in the State of Poricis. I am familier with, and accept the purpose of changing its registated office or registered agent, or both, in the State of Poricis. I am familier with, and accept the purpose of changing its registated office or registered agent, or both, in the State of Poricis. I am familier with, and accept the purpose of changing its registated office or registered agent, or both, in the State of Poricis. FILE NOWILL FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Determine Process of the control of the purpose of changing its registated of changing its registated of change of the corporation of the control of	201 BRIDL	LE PATH				Street Address	(P.O. Box Numb	oer is Not Acceptab	le)			
The obligations of registered agent. SIGNATURE SIGNATURE Department of implement agent and till of appositions. NOTE: Registered Agent equations required when remaining) DATE						City		·. ·· · · · · · · · · · · · · · · · · ·	FI	Zip Cod	8	
### SPEELADORSS OTH-ST-2P Detect D												
ARTON May 1, 2007 Fee will be \$550.00 Trust Fund Convibution. Added to Fees Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TILE DP RUBENSTEIN, NORMAN 1111												
ITILE MUME PO BOX 1383 CITY-ST-2P RUBENSTEIN, NORMAN SIME ADDRESS CITY-ST-2P STATE ADDRESS CITY-ST-2P Change Addition MAKE STATE ADDRESS CITY-ST-2P Change Addition TITLE MAKE STATE ADDRESS CITY-ST-2P Change Addition MAKE STATE ADDRESS CITY-ST-2P Change Addition TITLE MAKE STATE ADDRESS CITY-ST-2P Change Addition MAKE STATE ADDRESS CITY-ST-2P CHANGE ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CHANGE ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P CHANGE ADDRESS CITY-ST-2P	LIFE HOME: LEE 19 \$120'00											
RUBENSTEIN, NORMAN SITEET ADDRESS UITY-ST-ZP MINTER PARK, FL 32790 Detete INLE MAKE SITEET ADDRESS CITY-ST-ZP INLE MAK							ADDITIONS	/CHANGES TO OF	FICERS AN			
TITLE INME STRET ADDRESS CITY-ST-ZIP ITTLE INME INME INME INME INME INME INME INM	MAME STREET ADDRESS	RUBENSTEIN, NORMAN MARY PO BOX 1383 ST				ET ADORESS				∐ Change	☐ Addition	
INTLE NAME STRETA ADDRESS CITY-ST-ZIP INTLE STREET ADDRESS CITY-ST	NAME STREET ADDRESS			☐ Delete	NAM STRE	E //Y	1 chaple 1 200 Sto	C. Pearce, ck ford Ro	(937		Addition	
NAME SIREET ADDRESS CITY-ST-ZIP ITILE Delets ITILE MAKE SIREET ADDRESS CITY-ST-ZIP ITILE Delets ITILE MAKE SIREET ADDRESS CITY-ST-ZIP ITILE Delets ITILE Delets SIREET ADDRESS CITY-ST-ZIP ITILE Delets Delets TITLE Delets TI	NAME STREET ADDRESS			☐ Deteté	NAM STRE	E Et adoress					Addition	
MANE SIREET ADDRESS CITY-ST-ZIP ITILE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Change Addition Change Addition Change Addition Change Addition NAME SIREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119. Floride 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 ceth; that I am an officer or diffector 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 additaser withyall other, like empowered.	NAME STREET ADDRESS			☐ Defete	NAM STRE	E Et address				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Floride 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 ceth; 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 addresser-Wittyall other, like empowered.	NAME STREET ADDRESS			☐ Dolete	NAM STRE	E Et address				Change	Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under ceth; 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 addigate Willyall other, like empowered.	TITLE RAME STREET ADDRESS			☐ Delete	TITLE NAME STRE	E E ET ADDRESS				Change	Addition	
SIGNATURE: WIND PUMIC PORMAN NOSANSTON 4.25-05	indicated of the co changed	d on this repor rporation or the l, or on an atta	rt or supplemental réport he receiver or trustée emp	is true and accurate and that i powered to execute this report	my signa I as requi	ture shall have the red by Chapter 60	same legal effe 7, Florida Statut	ct as il made under es; and that my narr	oath; that I	am an officer	or director	