2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

DOCUMENT # P06000026914 1. Entity Name VALDES ENTERPRISES, INC					·	04-19-2007	-		
Principal Place of Business		Mailing Address .			1 8007	V13~			
1811 SHADOW CREEK ROAD GREENACRES, FL 33413		1811 SHADOW CREEK ROAD GREENACRES, FL 33413							FR: (1: (6 B)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04162007	Chg-P	CR2E034 (1	2/06)	
City & State		City & State			4. FEI Numbe	4453	957	-	plied For t Applicable
Zip	Country	Zip	Coun	try		of Status Desired	□ Fee t	75 Addi Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Ro	egistered Agen	<u>t</u>	
VALDES, JOSEPH J 1811 SHADOW CREEK ROAD GREENACRES, FL 33413					(P.O. Box Numbe	r is Not Acceptable)		
				City			FL 2	Zip Code)
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	ed office or registe	ered agent, or bott	n, in the State of Flo	rida. I am famili	ar with, a	and accept
SIGNATURE_	Signature, typed or printed pame of registered agent	and title if applicable. (NOTI	E: Registere	d Agent signature require	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Cont	_		5.00 May Be ded to Fees		1 3 1 2		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIR	ECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VALDES, JOSEPH J 1811 SHADOW CREEK ROAD GREENACRES, FL 33413	☐ Delete		I				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALDES, FRANCIS P 6301 DOCKSIDE CIRCLE LAKE WORTH, FL 33463	☐ Delete	- 1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALDES, SANDRA J 1811 SHADOW CREEK ROAD GREENACRES, FL 33413	☐ Delete		i i				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
12. I hereby of indicated	certify that the information supplied wit on this report or supplemental peppit i	h this filing does not qualify fo	or the exi	emptions containe ture shall have the	ed in Chapter 119 same legal effec	, Florida Statutes. I t as if made under o	further certify th	at the in	formation or director

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes. Florida Statutes, in order 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 anyaddless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-4