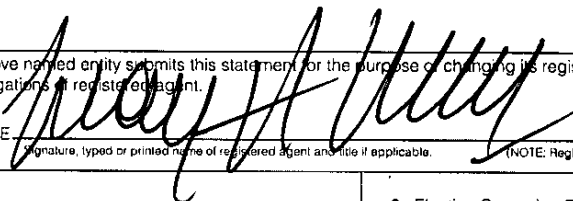
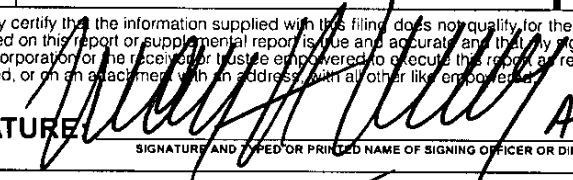


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000042916 1. Entity Name VALEVAN INVESTMENTS CORP.					
Principal Place of Business 2655 LEJEUNE RD., STE. 507 CORAL GABLES, FL 33134			Mailing Address 2655 LEJEUNE RD., STE. 507 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 27-0140985 Applied For ☐ Not Applicable ☐					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 NW 46TH ST. FT. LAUDERDALE, FL 33311			7. Name and Address of New Registered Agent Name Juan Vicente Urdaneta Street Address (P.O. Box Number is Not Acceptable) 2655 Lejeune Road, Suite 507 City Coral Gables FL Zip Code 33134		
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, the registered agent. SIGNATURE  DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CASCARANO, GIUSEPPE 2655 LEJEUNE RD., STE. 507 CORAL GABLES, FL 33134 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST CASCARANO, FELICETTA 2655 LEJEUNE RD., STE. 507 CORAL GABLES, FL 33134 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	200129437812 05/14/08--01009--014 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 4/22/08 Daytime Phone # 305 728 1319 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)					

FILED
2008 APR 30 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04212008 Chg-P CR2E034 (12/06)