2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State 03-23-2007 90034 016 ***150.00

DOCUMENT # P06000046536 1. Entity Name VAL SOUSA, INC.									
Principal Place of Business Mailing Address 540 SE 5TH STREET 540 SE 5TH STRE POMPANO BEACH, FL 33060 POMPANO BEACH			33060						
0.04				<u></u> _					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				N 87712 SIRM 8778 ST 10 19		BLENET INTE	111 111 11 11 11 11 11
Suite, Apt. #, etc.		Suite, Apt. #. etc.		·	02082007	Chg-P	CR2E03	34 (12/06)	
City & State		City & State			4. FEI Numb	4640813			oplied For ot Applicable
Zip	Country	Zip	Countr	У		e of Status Desired		8.75 Add	ditional
	6. Name and Address of Curren	nt Registered Agent		Name	7. Name an	d Address of New F		· · · · · · · · · · · · · · · · · · ·	
SOUSA JR., VAL 540 SE 5TH STREET				Street Address (P.O. Box Number is Not Acceptable)					
POMPANO BEACH, FL 33060			}			·	<u> </u>		
		~ 1/	}	City			FL	Zip Cod	0
6. The above	named entity submits this statement	for the perpose of changing it	s registered	d office or register	ed agent, or b	oth, in the State of Fi		amiliar with.	and accept
SIGNATURE.							4-7-	07	
L	Signature, typed or printed name of registered age	N and tide if applicable. (NO	TE: Regulered	Agent signature required	when reinstating)	·	DATE		
	E NOWIN FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Con			.00 May Be ed to Fees				
10.	OFFICERS AN	O DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF			
NAME STREET ADDRESS	SOUSA JR., VAL			I ADDRESS				Change	☐ Addisson
CITY-SI-ZIP	POMPANO BEACH, FL 33060 CIT			ST - ZIP		· · · · · · · · · · · · · · · · · · ·		Change	CT +400-
NAME				1 100mm				() Crange	Addition
STREET ADDRESS CITY-SI-ZIP				T ADDRESS ST-ZIP					
TITLE NAME	☐ Delete TYL							Change	Addition
STREET ADDRESS CITY-ST-74P			STREET CHTY-S	ADDRESS 51-ZP					
TITLE		☐ Delete	IIITE					Change	Addition
NAME STREET ADDRESS CITY-SI-ZIP			NAME STREET CITY-5	1 ADORESS 51-ZIP					
TITLE NAME		☐ Delete	TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP				I ACORESS 51-21P					
TITLE HAME		Oelete	IITLE					☐ Change	Addition
STREET ADDRESS CITY-ST-29		1	STREET CITY-S	1					
12. I hereby indicated of the co changed	certify that the information supplied will on this report or supplemental resort protection or the receiver or trust the end of the control o	ing this thouldors not qualify it is true and accurate and that powered to execute this repor s, with all other like empowered	for the exen my signatu it as require d.	nptions contained ire shall have the t ad by Chapter 607	l in Chapter 11 same legal effe , Florida Statut	9. Florida Statutes. I ct as if made under es; and that my nam	further certificath; that I ar e appears in	y that the in n an officer Block 10 or	nformation or director Block 11 if
ì	SIGNATURE:						_		
Ī	BIGNATURE AND TWED O	PRINTED NAME OF BIGHING OFFICE	R OR DIRECTO	y#		2-12-0	Da	dens Phone s	