## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Jan 24, 2008 08:00 AN Secretary of State **DOCUMENT # P06000046536** 1. Entity Name VAL SOUSA, INC. Principal Place of Business Mailing Address 540 SE 5TH STREET **540 SE 5TH STREET** POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 01172008 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4640813 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOUSA JR., VAL 540 SE 5TH STREET DO NOT WRITE POMPANO BEACH, FL 33060 IN THIS SPACE 8. The above named entity submits this states ne 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. 1-17-08 SIGNATURE. agent and title if applicable. (NOTE: Registered Agent signature required when reinstalled) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TFTLE SOUSA JR., VAL 000000795549 NAME STREET ADORESS 540 SE 5TH STREET 01/28/08-80053-003 150.00 POMPANO BEACH, FL 33060 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYP