2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000069502

8425 SW 2 ST

MIAMI, FL 33144

Address: City-St-Zip:

Entity Name: VALSAN OF HIALEAH, INC

FILED Apr 10, 2009 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Place of Business:		
7551-A/B \ HIALEAH,	W 4 AVE FL 33014				
Current Mailing Address:			New Mailing Address:		
7551-A/B \ HIALEAH,	W 4 AVE FL 33014				
FEI Number	: 20-4905241	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	2 ST 33144 US a named entity	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
	e of Florida.				
SIGNATU		-i- 0:	1	Data	
Election Co.		nic Signature of Registered Age	PIIL	Date	
Election Car	mpaign rinancin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (VALDES, ELEI 8425 SW 2 ST MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (VALDES, RUBI 8425 SW 2 ST MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	STD (VALDES, CARI) Delete MEN	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ELEIN VALDES P 04/10/2009