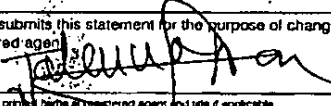
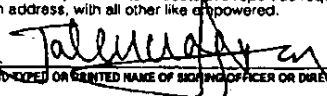


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/13/2008-90028-029-\$150.00-\$150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR -2 PM 3:18

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                                 |                                                                                            |                                                                                   |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|
| DOCUMENT # P07000114671                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                 |                                                                                            |  |         |
| 1. Entity Name<br>JL VALENCIAGA PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                                                                 |                                                                                            |                                                                                   |         |
| Principal Place of Business<br>1820 WEST 46 STREET<br>HIALEAH, FL 33012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                 | Mailing Address<br>1820 WEST 46 STREET<br>HIALEAH, FL 33012                                |                                                                                   |         |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                 | 3. Mailing Address                                                                         |                                                                                   |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                 | Suite, Apt. #, etc.                                                                        |                                                                                   |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                                 | City & State                                                                               |                                                                                   |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | Country                                                                                                         | Zip                                                                                        |                                                                                   | Country |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                 | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |                                                                                   |         |
| 5. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                 | <input type="checkbox"/> \$8.75 Additional Fee Required                                    |                                                                                   |         |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                                 | 7. Name and Address of New Registered Agent                                                |                                                                                   |         |
| VALENCIAGA, JOSE L<br>1820 WEST 46 STREET<br>HIALEAH, FL 33012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                 | Name                                                                                       |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                                 | Street Address (P.O. Box Number is Not Acceptable)                                         |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                                 | City                                                                                       |                                                                                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                                 | FL Zip Code                                                                                |                                                                                   |         |
| 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 registered agent.<br>SIGNATURE:  DATE: 03/07/2008<br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering))</small>                                                                                                                               |                     |                                                                                                                 |                                                                                            |                                                                                   |         |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                            |                                                                                   |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                      |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P                   | <input type="checkbox"/> Delete                                                                                 | TITLE                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VALENCIAGA, JOSE L  |                                                                                                                 | NAME                                                                                       |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1820 WEST 46 STREET |                                                                                                                 | STREET ADDRESS                                                                             |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | HIALEAH, FL 33012   |                                                                                                                 | CITY-ST-ZIP                                                                                |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     | <input type="checkbox"/> Delete                                                                                 | TITLE                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                 | NAME                                                                                       |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                 | STREET ADDRESS                                                                             |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                                                 | CITY-ST-ZIP                                                                                |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     | <input type="checkbox"/> Delete                                                                                 | TITLE                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                 | NAME                                                                                       |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                 | STREET ADDRESS                                                                             |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                                                 | CITY-ST-ZIP                                                                                |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     | <input type="checkbox"/> Delete                                                                                 | TITLE                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                 | NAME                                                                                       |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                 | STREET ADDRESS                                                                             |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                                                 | CITY-ST-ZIP                                                                                |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     | <input type="checkbox"/> Delete                                                                                 | TITLE                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                 | NAME                                                                                       |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                 | STREET ADDRESS                                                                             |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                                                 | CITY-ST-ZIP                                                                                |                                                                                   |         |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                 | 03/07/2008<br>Date Daytime Phone #                                                         |                                                                                   |         |