

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000044523

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: VALDES HEALTH SERVICES INC

## Current Principal Place of Business:

7725 CARLYLE AVE  
#5  
MIAMI BEACH, FL 33141

## Current Mailing Address:

7725 CARLYLE AVE  
#5  
MIAMI BEACH, FL 33141

## New Principal Place of Business:

1780 79 STREET  
#C301  
NORTH BAY VILLAGE, FL 33141

## New Mailing Address:

1780 79 STREET  
#C301  
NORTH BAY VILLAGE, FL 33141

FEI Number: 26-2600780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALDES, MAIKEL  
7725 CARLYLE AVE  
#5  
MIAMI BEACH, FL 33141 US

## Name and Address of New Registered Agent:

VALDES, MAIKEL  
1780 79 STREET  
#C301  
NORTH BAY VILLAGE, FL 33141 US

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.

SIGNATURE: MAIKEL VALDES

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VALDES, MAIKEL  
Address: 7725 CARLYLE AVE # 5  
City-St-Zip: MIAMI BEACH, FL 33141

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VALDES, MAIKEL  
Address: 1780 79 STREET, #C301  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: VP ( ) Change (X) Addition  
Name: CARDENTY, YOSLAYMA  
Address: 1780 79 STREET, #C301  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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.

SIGNATURE: MAIKEL VALDES

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date