

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000021877

Entity Name: VALQUACOM US, INC

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1670 NW 94 AVE  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

1670 NW 94 AVE  
DORAL, FL 33172

**New Mailing Address:**

FEI Number: 27-2582270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ACQUAVELLA, MAURIZIO  
1670 NW 94 AVE  
DORAL, FL 33172 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ACQUAVELLA, MAURIZIO  
Address: 1670 NW 94 AVE  
City-St-Zip: DORAL, FL 33172 US

Title: D  
Name: VALENTINER, FERNANDO  
Address: 1670 NW 94 AVE  
City-St-Zip: DORAL, FL 33172 US

I hereby 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 all other like empowered.

SIGNATURE: MAURIZIO ACQUAVELLA

D

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date