

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90201 018 \*\*\*150.00

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01042007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P92000003864</b>					
<b>1. Entity Name</b> VALDEZ, INC.					
<b>Principal Place of Business</b> 22286 VICK STREET PORT CHARLOTTE, FL 33980			<b>Mailing Address</b> 22286 VICK STREET PORT CHARLOTTE, FL 33980		
<b>2. Principal Place of Business - No P.O. Box #</b> 1881 CITRON ST		<b>3. Mailing Address</b> 1881 CITRON ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> PT CHARLOTTE FL		<b>City &amp; State</b> PT CHARLOTTE FL		<b>4. FEI Number</b> 65-0369975	
<b>Zip</b> 33980		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b>	
<b>FEHR, JEFFREY</b> 22286 VICK STREET PORT CHARLOTTE, FL 33980				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
1881 CITRON ST				City	
PT CHARLOTTE FL				Zip Code	
33980				33980	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
Signature, typed or printed name of registered agent and title, if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> FEHR, JEFFREY		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 22286 VICK ST	<b>CITY - ST - ZIP</b> PORT CHARLOTTE, FL 33980		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> FEHR, JEFFREY		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 22286 VICK ST	<b>CITY - ST - ZIP</b> PORT CHARLOTTE, FL 33980		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> FEHR, JEFFREY		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 22286 VICK ST	<b>CITY - ST - ZIP</b> PORT CHARLOTTE, FL 33980		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> FEHR, JEFFREY		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 22286 VICK ST	<b>CITY - ST - ZIP</b> PORT CHARLOTTE, FL 33980		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> FEHR, JEFFREY		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 22286 VICK ST	<b>CITY - ST - ZIP</b> PORT CHARLOTTE, FL 33980		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 reports 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.</b>					
<b>SIGNATURE:</b>			JEFFREY FEHR 1/16/07 941-206-2146		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		