

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000061533**

1. Entity Name  
**LOW PLACES GUIDE SERVICE, INC.**



Principal Place of Business

**5040 SW 116 AVE  
COOPER CITY, FL 33330**

Mailing Address

**5040 SW 116 AVE  
COOPER CITY, FL 33330**



01282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0601581**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**VALVERDE, KELLY K.  
5040 SW 116 AVE  
COOPER CITY, FL 33330**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	VALVERDE, JORGE L
STREET ADDRESS	5040 SW 116 AVE
CITY - ST - ZIP	COOPER CITY, FL 33330
TITLE	STD
NAME	VALVERDE, KELLY K
STREET ADDRESS	5040 SW 116 AVE
CITY - ST - ZIP	COOPER CITY, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000613344  
02/05/07-80034-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Kelly Valverde*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07 954-483-3959  
Date Daytime Phone #