

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91013 012 ***150.00

DOCUMENT # P96000022527

1. Entity Name
VALOR INVESTIGATIVE GROUP, INC.



Principal Place of Business
**1560 WEST GOLFVIEW DRIVE
PEMBROKE PINES, FL 33026**

Mailing Address
**9133 TAFT ST
SUITE 132
PEMBROKE PINES, FL 33024**

2. Principal Place of Business

3. Mailing Address
2701 Hiatus Rd. #

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Cooper City, FL 3

City & State

City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0746238

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

33026

Country

USA

6. Name and Address of Current Registered Agent

**CABALLERO, LIZA
1660 W GOLFVIEW DR
PEMBROKE PINES, FL 33024**

7. Name and Address of New Registered Agent

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.

SIGNATURE

[Signature]

4/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when amending)

DATE

**FILE NOW!!! FEE IS \$150.00
ANYWAY! 2003 Fee Will Be \$50.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** Delete
NAME **CABALLERO, EDWIN**
STREET ADDRESS **1560 WEST GOLFVIEW DRIVE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

DATE

954-

559-4759

Daytime Phone #

Edwin Caballero

CR2E034 (10/02)