

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000041336

Entity Name: VALDES BUILDERS, INC.

**FILED**  
**Oct 01, 2006**  
**Secretary of State**

## **Current Principal Place of Business:**

PO BOX 262323  
TAMPA, FL 33685

## **New Principal Place of Business:**

8011 W POWHATAN AVE  
TAMPA, FL 33615

## **Current Mailing Address:**

PO BOX 262323  
TAMPA, FL 33685

## **New Mailing Address:**

8011 W POWHATAN AVE  
TAMPA, FL 33615

FEI Number: 59-3446446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALDES, ORLANDO  
11816 SNAPDRAGON ROAD  
TAMPA, FL 33635 US

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

VALDES, KATHERINE  
8011 W POWHATAN AVE  
TAMPA, FL 33615 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: KATHERINE VALDES

10/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: VALDES, ORLANDO  
Address: 11816 SNAPDRAGON ROAD  
City-St-Zip: TAMPA, FL 33635

Title: DVP ( ) Delete  
Name: VALDES, KATHERINE  
Address: 11816 SNAPDRAGON ROAD  
City-St-Zip: TAMPA, FL 33635

Title: S ( ) Delete  
Name: VALDES, YLIANA  
Address: 11654 SUNSHINE POND  
City-St-Zip: TAMPA, FL 33635

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHERINE VALDES

DVP

10/01/2006

Electronic Signature of Signing Officer or Director

Date