

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90030 038 ***150.00

DOCUMENT # P97000047628	
1. Entity Name VALHALLA ENTERPRISES VEI, INC.	

Principal Place of Business 5101 NW 21 AVE # 142 FORT LAUDERDALE FL 33309	Mailing Address 5101 NW 21 AVE # 142 FORT LAUDERDALE FL 33309
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 65-0778843	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MITTELBERG, BARRY S 1700 2417 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 7/

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.

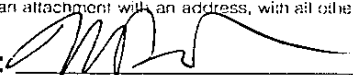
SIGNATURE _____ (NOTE: Registered Agent signature required when applicable) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution: ☐
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10. OFFICERS AND DIRECTORS	
TITLE PD	☐ Delete
NAME HULSE, KELLY	
STREET ADDRESS 5101 NW V1 AVE	
CITY-ST-ZIP FORT LAUDERDALE FL 33-3069	
TITLE VD	☐ Delete
NAME HULSE, CHARLES	
STREET ADDRESS 5101 NW AVE	
CITY-ST-ZIP FORT LAUDERDALE FL 33309	
TITLE D	☐ Delete
NAME PHYLLIS, HULSE	
STREET ADDRESS 5101 NW AVE	
CITY-ST-ZIP FORT LAUDERDALE FL 33309	
TITLE DS	☐ Delete
NAME BADER, MARTIN	
STREET ADDRESS 5101 NW V1 AVE	
CITY-ST-ZIP FORT LAUDERDALE FL 33309	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 exemptions contained in Section 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:  **4/18/08 954 653 0210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR