## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2005 08:00 AM Secretary of State

ANNUAL REPORT						Secretary of State			
DOCUMENT # P97000104745						Secreta	iry oi Stai	te	
1. Entity Nan									
VALMON	ITE, INC.								
Original Ola	I D	NA III A LA L							
	ce of Business	Mailing Address							
8788 NW 27   MIAMI, FL 3		8788 NW 27 ST Miami, Fl 33172							
INIDAMI, TE O	,5172	Mittall, IL SOI72							
2. Principal f	Place of Business	3. Mailing Address				I LENS NERVI BENIL BENIL BENIL	<b>i</b> (		
Suite, Apt. #, etc.		Suite, Apt. #, etc		<u> </u>					
					01072005	Chg-P	CR2E034 (10/03)	)	
City & State		City & State		<del>-</del> .	4. FEI Numbe		1	Applied For	
7		77-			65-0804926   Not Applicable				
Zip	Country	Zip Coun		try	5. Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	<u></u>	ea	
	3.7		7. Name and Address of New Registered Agent Name						
TRESCOTT, ROBERT L				Street Address (P.O. Box Number is Not Acceptable)					
2121 PON SUITE 900	ICE DE LEON BLVD.		Street Addres		H.O. ROX NUMBE	ar is ivot A <u>cce</u> ptable	;)		
	ABLES, FL 33134								
	•			City			Zip Co	do	
				·			FL   '		
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	ed office or register	ed agent, or bot	h, in the State of Flo	rida. I am familiar with	, and accept	
THE CONSTITUTE OF LEGISLASED ACCURATE									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE									
	Signature, typed of printed name or registered agents	and tole it applicable. (NOT)	c riepisterec	s Agent signature required	when reinstating)		DATE		
Fit	E NOW!!! FEE IS \$150.00	9. Election Campai	ign Finan	ncing \$5.	00 May Be				
	ay 1, 2005 Fee will be \$550.0	00 Trust Fund Cont	tribution,	☐ Add	ed to Fees				
10.	OFFICERS AND	DIRECTORS	11,		ADDÍTIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	3S IN 11	
TITLE	PSD	☐ Delete	TITLE		1.00101.01	0.11.47020 10 0111	☐ Change	Addition	
NAME	FRAGOSO SENRA, CARLOS A	22 5400	NAME	E		Honoma			
STREET ADDRESS				et addréss		04/25/05-8	131018 10183-0 <b>0</b> 3 <b>1</b> 5	a ma	
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CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME		□ nesets	NAME	<b>I</b>			Charge	T WITHOU	
STREET ADDRESS			STREE	et aodress					
CITY-ST-ZIP			CITY.	-ST-ZIP					
TITLE		☐ Delete	TITLE	1			Change	Addition	
NAME STREET ADDRESS			NAME	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE			<del></del>	☐ Change	☐ Addition	
NAME		posts	NAME				المان	וועווייטטה ב	
STREET ADDRESS			STREE	ET ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE	}	☐ Delete	TITLE	- 1		<del></del>	☐ Change	☐ Addition	
NAME CYPEET ADDRESS			NAME						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
	certify that the information subplied with	this filling does not qualify for			ction 119 07(3)(i	) Florida Statutes 1	further certify that the	information	
indicated	certify that the information supplied with fon this report or supplemental report is poration or the receiver of sustee empor	true and accurate and that n	ny signat	ure shall have the s	same legal effect	t as if made under o	eath, that I am an office	r or director	
changed,	or on an attachment with an address, v	vith all other like empoweren.	us reduir	an by Chapter 607	_		appears in block 10 c	JI DIOGK 1111	
CICETAT	w Wy h	maidel	,		η,	22.05	305 477	1-7313	
SIGNAT	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECT	OR		Oate	Daytonio Phone #	· ''	
	i	/ ) II					1 "7"		