

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90170 009 \*\*\*150.00

**DOCUMENT # P98000032253**

1. Entity Name  
**VALDI GLOBAL MANAGEMENT INC.**



Principal Place of Business  
**175 HOULE AVE**  
**SARASOTA, FL 34232 US**

Mailing Address  
**175 HOULE AVE**  
**SARASOTA, FL 34232 US**

2. Principal Place of Business  
**P.O. BOX 51013**

Suite, Apt. #, etc.

3. Mailing Address  
**→ SAME**

Suite, Apt. #, etc.

City & State  
**SARASOTA FL**

City & State

Zip  
**34232**

Country

Zip

Country

04182006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3501932**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DUDEK, WALDEMAR**  
**175 HOULE AVE**  
**SARASOTA, FL 34232**

## 7. Name and Address of New Registered Agent

Name  
**DUDEK, WALDEMAR**

Street Address (P.O. Box Number is Not Acceptable)

**5168 CAMUS WAY**

City  
**SARASOTA**

FL

Zip Code  
**34232**

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

(NOTE: Registered Agent signature required when reinstating)

**REG. AGENT**

**04/19/06**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**DUDEK, WALDEMAR**  
**175 HOULE AVE**  
**SARASOTA, FL 34232** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**5168 CAMUS WAY**  
**SARASOTA, FL 34232** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 an other line empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**WALDEMAR DUDEK**

**PR. JO.**

**04/19/06**

**941-378-5054**