

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90021 022 ***150.00

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01142008 Chg-P CR2E034 (12/06)

DOCUMENT # P98000042855			
1. Entity Name VALUE UNDERWRITERS, INC.			
Principal Place of Business 3750 W FLAGLER ST MIAMI, FL 33134		Mailing Address 3750 W FLAGLER ST MIAMI, FL 33134	
2. Principal Place of Business - No P.O. Box # 5539 SW 8 st Suite, Apt. #, etc.		3. Mailing Address 5539 SW 8 street Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33134	Country USA	Zip 33134	Country USA
4. FEI Number 65-0839814		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAUL GABE JR 3750 W FLAGLER ST MIAMI, FL 33134		7. Name and Address of New Registered Agent Name PAUL G. GABE JR Street Address (P.O. Box Number is Not Acceptable) 5539 SW 8 street City Miami FL Zip Code 33134	
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: <u>Paul G. Gabe Jr</u> PAUL G. GABE JR 4/9/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PEOLI, BARBARA 3750 W FLAGLER ST 5539 SW 8 street MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GABE, PAUL G JR 3750 W FLAGLER ST 5539 SW 8 street MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered. SIGNATURE: <u>Paul G. Gabe Jr</u> PAUL G. GABE JR 4/9/08 (305) 442-2276 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			