

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90018 022 ***150.00

DOCUMENT # P98000075283			
1. Entity Name VARKO INTERNATIONAL, CORP.			
Principal Place of Business 7700 NW 73 COURT MEDLEY, FL 33166		Mailing Address BOX 522426 MIAMI, FL 33152-2426	
2. Principal Place of Business - No P.O. Box # 7700 NW 73rd Ct		3. Mailing Address BOX522426 MIA-FL 33152-2426	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MEDLEY FL		City & State MIAMI FL 33152-2427	
Zip 33166		Zip 33166	
Country		Country	
4. FEI Number 65-0866862		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 VALDES, CARLOS A 7700 NW 73 COURT MEDLEY, FL 33166		7. Name and Address of New Registered Agent Name: CARLOS VALDES Street Address (P.O. Box Number is Not Acceptable): 7700 NW 73rd Ct, City: MEDLEY FL Zip Code: 33166	
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: DATE: Jan-22/07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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: PSD NAME: VALDES, CARLOS M STREET ADDRESS: 18041 BISCAYNE BLVD CITY-ST-ZIP: AVENTURA, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE: PSD NAME: CARLOS VALDES. STREET ADDRESS: 18041 Biscayne Blvd. AVENTURA CITY-ST-ZIP: FL. 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TS NAME: VALDES, CARLOS STREET ADDRESS: 9340 SW 83RD CT CITY-ST-ZIP: MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete	TITLE: TS NAME: CARLOS M. VALDES. STREET ADDRESS: 9340 SW 83rd Ct Miami Fl CITY-ST-ZIP: 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SEC NAME: VALDES, IDA A STREET ADDRESS: 18041 BISCAYNE BLVD CITY-ST-ZIP: AVENTURA, FL 33160	<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: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.			
SIGNATURE:		Jan 22/07 (305)887-5528	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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