


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT: 98538	
1. Entity Name VALERIANO CORPORATION	

Principal Place of Business 10924 NW 67TH STREET EL DORAL, FL 33178	Mailing Address 10924 NW 67TH STREET EL DORAL, FL 33178
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03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0894106	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALERIANO, ROCCO 10924 NW 67TH STREET EL DORAL, FL 33178
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

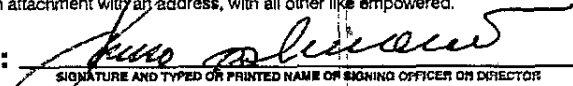
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALERIANO, ROCCO 10924 NW 67TH STREET EL DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALERIANO, JULIETA JR 10924 NW 67TH STREET EL DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALERIANO, ROCCO JR 10924 NW 67TH STREET EL DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALERIANO, LUISA 10924 NW 67TH STREET EL DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALERIANO, ANNABELLA 10924 NW 67TH STREET EL DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/05-80059-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2005
Date

Daytime Phone #