


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000099929
 1. Entity Name
444 VALENCIA AVENUE, INC.



Principal Place of Business Mailing Address
744 BILTMORE WAY **744 BILTMORE WAY**
STE 2 **STE 2**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0881629 Not Applic.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENOYO, FERNANDO
744 BILTMORE WAY
STE 2
CORAL GABLES FL 33134

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 is required when resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD Delete
 NAME **GALINDO, HERNAN**
 STREET ADDRESS **744 BILTMORE WAY STE 2**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Add
 NAME **U00000499276**
 STREET ADDRESS **04/24/06-80023-016**
 CITY-ST-ZIP **150.00**

TITLE STD Delete
 NAME **MENOYO, FERNANDO**
 STREET ADDRESS **744 BILTMORE WAY STE 2**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **FERNANDO MENOYO** 4/14/06