


FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90065 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000005765	
1. Entity Name VALENTINE TEMPORARY AGENCY, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1944 S. Conway Road Suite, Apt. #, etc. Suite No. 8 City & State Orlando, Florida Zip 32812 Country USA	3. Mailing Address 2855 S. Conway Road Suite, Apt. #, etc. Suite No. 205 City & State Orlando, Florida Zip 32812 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3561445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name CMS INTERNATIONAL ENTERPRISES, INC.	
	Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas Road	
	Suite Suite 400	
	City Coral Gables, FL	Zip Code 33134

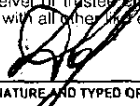
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE D	NAME DUDARE, Olga	TITLE	
NAME	1944 S. Conway Road, #8	NAME	
STREET ADDRESS	Orlando, FL 32812	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

**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)(i), 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 on an attachment with an address, with all other information.

SIGNATURE:  07. 24. 03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment #
VALENTINE TEMPORARY AGENCY, INC.
2855 South Conway Road, Suite 205
Orlando, FL 32812

80141616
999600005765

August 15, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find the 2003 Uniform Business Report (UBR) and a check for one hundred fifty dollars (\$150.00). Also, we respectfully request a waiver of the late penalty fee for the following reasons:

1. We did not receive the Annual Report and Corporate Supplemental fees statement for the year of 2003. As a result we did not send the payment.
2. The penalty will be a hardship to our Company during this economic slow down.
3. We have always been diligent in paying our expenses and will continue to do so in the future.

Please accept our apology for not making a prompt payment and we will ensure that this does not occur again. We appreciate you taking into consideration our request and look forward to an affirmative response.

Sincerely,

Olga Dudare
Director
