

**FILED**

**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90250 032 \*\*\*150.00

645718



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000014233

1. Entity Name

VALWAY REAL ESTATE CORP.

Principal Place of Business

Mailing Address

15 F. SOUTHPORT LANE

BOYNTON BEACH FL 33436

15 F. SOUTHPORT LANE

BOYNTON BEACH FL 33436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALLEY, JOHN

15 F. SOUTHPORT LANE

BOYNTON BEACH FL 33436

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |                |                        |                |  |                |  |
|----------------|---|----------------|------------------------|----------------|--|----------------|--|
| TITLE          | D | NAME           | VALLEY, JOHN           | TITLE          |  | NAME           |  |
| STREET ADDRESS |   | STREET ADDRESS | 15 F. SOUTHPORT LANE   | STREET ADDRESS |  | STREET ADDRESS |  |
| CITY-ST-ZIP    |   | CITY-ST-ZIP    | BOYNTON BEACH FL 33436 | CITY-ST-ZIP    |  | CITY-ST-ZIP    |  |
| TITLE          |   | NAME           |                        | TITLE          |  | NAME           |  |
| STREET ADDRESS |   | STREET ADDRESS |                        | STREET ADDRESS |  | STREET ADDRESS |  |
| CITY-ST-ZIP    |   | CITY-ST-ZIP    |                        | CITY-ST-ZIP    |  | CITY-ST-ZIP    |  |
| TITLE          |   | NAME           |                        | TITLE          |  | NAME           |  |
| STREET ADDRESS |   | STREET ADDRESS |                        | STREET ADDRESS |  | STREET ADDRESS |  |
| CITY-ST-ZIP    |   | CITY-ST-ZIP    |                        | CITY-ST-ZIP    |  | CITY-ST-ZIP    |  |
| TITLE          |   | NAME           |                        | TITLE          |  | NAME           |  |
| STREET ADDRESS |   | STREET ADDRESS |                        | STREET ADDRESS |  | STREET ADDRESS |  |
| CITY-ST-ZIP    |   | CITY-ST-ZIP    |                        | CITY-ST-ZIP    |  | CITY-ST-ZIP    |  |
| TITLE          |   | NAME           |                        | TITLE          |  | NAME           |  |
| STREET ADDRESS |   | STREET ADDRESS |                        | STREET ADDRESS |  | STREET ADDRESS |  |
| CITY-ST-ZIP    |   | CITY-ST-ZIP    |                        | CITY-ST-ZIP    |  | CITY-ST-ZIP    |  |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

561-276-9324

Date

Daytime Phone #

Apr 27, 2001 8:00 am

Secretary of State

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[Barcode]

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4. FEI Number 65-0934506

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required