


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90265 028 \*\*\*150.00

**DOCUMENT # S23425**  
 1. Entity Name  
**VALLS GROUP, INC.**



Principal Place of Business  
**3663 SW 8TH ST  
 THIRD FLOOR  
 MIAMI, FL 33135**

Mailing Address  
**3663 SW 8TH ST  
 THIRD FLOOR  
 MIAMI, FL 33135**


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

**14010099**



04222005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0233280** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VALLS, FELIPE A., SR.  
 3663 SW 8TH ST  
 THIRD FLOOR  
 MIAMI, FL 33135**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature requires filing registration)

**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

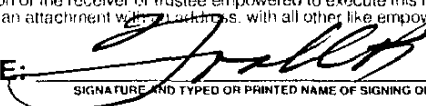
**10. OFFICERS AND DIRECTORS**

TITLE SD	<input type="checkbox"/> Delete
NAME VALLS, FELIPE A., SR.	
STREET ADDRESS 3663 SW 8TH ST THIRD FLOOR	
CITY- ST- ZIP MIAMI, FL	
TITLE PD	<input type="checkbox"/> Delete
NAME VALLS, FELIPE A., JR.	
STREET ADDRESS 3663 SW 8TH ST THIRD FLOOR	
CITY- ST- ZIP MIAMI, FL	
TITLE VP	<input type="checkbox"/> Delete
NAME TORRES DE NAVARRA, CARLO	
STREET ADDRESS 3663 SW 8TH ST THIRD FLOOR	
CITY- ST- ZIP MIAMI, FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 addresses, with all other like empowered.

**SIGNATURE:**  **FELIPE A. VALLS, SR.** **04/26/2005** **305-4464916**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #