


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

licenses & taxes

DOCUMENT # S46657 1. Entity Name DEL VALLE BRANDS, INC.	
---	---

Principal Place of Business 1951 NW 89TH PLACE MIAMI, FL 33172	Mailing Address 1951 NW 89TH PLACE MIAMI, FL 33172
--	--



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0259259	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, SAMUEL 420 LINCOLN ROAD SUITE 315 MIAMI, FL 33139

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAPCIUC, ISRAEL 1753 N VIEW DR MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAPCIUC, ISAAC 1435 W 28 ST MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAPCIUC, MARCOS 1725 W 28 ST MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEDA, SIMON 4000 ISLAND BLVD S203 AVENTURA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPCIUC, TANIA 1753 N VIEW DR MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPCIUC, YAIR 1753 N VIEW DR MIAMI BCH, FL

DO NOT WRITE IN THIS SPACE

U00000528974
05/05/06-80057-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ *4-30-06* *305-592-8865*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #