

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46657

FILED
Apr 06, 2007
Secretary of State

Entity Name: DEL VALLE BRANDS, INC.

Current Principal Place of Business:

1951 NW 89TH PLACE
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

1951 NW 89TH PLACE
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-0259259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, SAMUEL
420 LINCOLN ROAD
SUITE 315
MIAMI, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAPCIUC, ISRAEL,
Address: 1753 N VIEW DR
City-St-Zip: MIAMI BCH, FL

Title: VP () Delete
Name: LAPCIUC, ISAAC,
Address: 1435 W 28 ST
City-St-Zip: MIAMI BCH, FL

Title: S () Delete
Name: LAPCIUC, MARCOS,
Address: 1725 W 28 ST
City-St-Zip: MIAMI BCH, FL

Title: T () Delete
Name: BEDA, SIMON,
Address: 4000 ISLAND BLVD S203
City-St-Zip: AVENTURA, FL

Title: D () Delete
Name: LAPCIUC, TANIA,
Address: 1753 N VIEW DR
City-St-Zip: MIAMI BCH, FL

Title: D () Delete
Name: LAPCIUC, YAIR,
Address: 1753 N VIEW DR
City-St-Zip: MIAMI BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISAAC LAPCIUC

VP

04/06/2007

Electronic Signature of Signing Officer or Director

Date