2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46657

Entity Name: DEL VALLE BRANDS, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

1951 NW 89TH PLACE MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

1951 NW 89TH PLACE MIAMI, FL 33172

FEI Number: 65-0259259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER, SAMUEL 420 LINCOLN ROAD SUITE 315 MIAMI, FL 33139 US LAPCIUC, ISAAC 1951 N.W. 89 PLACE MIAMI, FL 33172

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: ISAAC LAPCIUC 04/16/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LAPCIUC, ISRAEL LAPCIUC, ISAAC

Name: Name: 1753 N VIEW DR 1435 W 28 ST Address: Address: City-St-Zip: MIAMI BCH, FL City-St-Zip:

MIAMI BEACH, FL 33140

VΡ (X) Delete Title: Title: () Change () Addition

Name: LAPCIUC, ISAAC Name: 1435 W 28 ST Address: Address: MIAMI BCH, FL City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

LAPCIUC, MARCOS Name: Name: 1725 W 28 ST Address: Address: City-St-Zip: MIAMI BCH, FL City-St-Zip:

Title: (X) Delete Title: () Change () Addition

BEDA, SIMON Name: Name: Address: 4000 ISLAND BLVD S203 Address: City-St-Zip: AVENTURA, FL City-St-Zip:

Title: Title: (X) Delete () Change () Addition

LAPCIUC, TANIA Name: Name: 1753 N VIEW DR Address: Address: City-St-Zip: MIAMI BCH, FL City-St-Zip:

Title: (X) Delete Title: () Change () Addition

LAPCIUC, YAIR Name: Name: 1753 N VIEW DR Address: Address: City-St-Zip: City-St-Zip: MIAMI BCH, FL

I hereby certify that the information supplied with this filing does not qualify 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: ISAC LAPCIUC Ρ 04/16/2009