



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V33905</b>		
1. Entity Name <b>VALEX CORPORATION</b>		
Principal Place of Business <b>10200 NW 25ST. STE 203 MIAMI, FL 33172 US</b>		Mailing Address <b>3256 NW 99 PLACE MIAMI, FL 33172 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 05102005 No Chg-P CR2E034 (10/03)
4. FEI Number <b>65-0330812</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>LOPEZ, ALEJANDRO 3256 NW 99 PLACE MIAMI, FL 33172</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
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: <u><i>Veleda Lopez</i></u> <u>5/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, ALEJANDRO 3256 NW 99 PLACE MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, VELEDA 3256 NW 99 PLACE MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, YANDO 3256 NW 99TH PLACE MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.  SIGNATURE: <u><i>Veleda Lopez</i></u> <u>5/10/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		