## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Sep 07, 2005 8:00 am Secretary of State

	ANITOA	L KLI OKI				
DOCUMENT # P01000016112  1. Entity Name DUELVA CO. INC				09-07-2005 90012 012 ***150.00		
Principal Plac	e of Business	Mailing Address				
7755 TATUM WATERWAY #6 7755 TATUM W		7755 TATUM WATERWAY MIAMI BEACH, FL 3314				
F =	lace of Business HARDING AVE	3. Mailing Address 8425 HAND	ING AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08122005 Chg-P CR2E034 (10/03)		
7_		<u> </u>	<del></del>	` <u>`</u> `		
City & State MIAMI BEACH . FL		City & State MIAMI BEACH FL		4. FEI Number Applied For 90-2723880 Not Applied be		
Zip	Country	MIAMI BEACH	Country			
33141	US	33141	<u> </u>	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent		
MENDOZ	A. YUBERTH		Name	MENDOZA YUBEATH		
	JM WATERWAY #6		Street	Street Address (P.O. Box Number is Not Acceptable)		
	ACH, FL 33141		<u> 284</u>	425 HANDING AVE # 7		
			City	<b>□</b> Zip Code		
			MI	TIAHI BEACH		
8. The above the obligat	named ontity submits this statement ions of registered agent.	for the purpose of changing its r	egistered office	e or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Sanakra, was or bigled name of registered age	of and title if applicable. (NOTE:	Registered Agent sign	tprature required when reinstating)  DATE  DATE		
			<del></del>			
	E NOW!!! FEE IS \$150.00 ue by September 7, 2005	9. Election Campaig Trust Fund Contri	·	\$5.00 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 AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	/ Detete	TITLE	Change Addition		
NAME	MENDOZA, YUBERTH		NAME	MENDOZA, YUBGATH SS 8425 HAADING AVE #7		
STREET ADDRESS	7755 TATUM WATERWAY #6		STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP	MIAMI BEACH, FL 33141		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME			NAME CROSET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP	25		
TITLE		По	<b></b>			
NAME		☐ Delete	TITLE Name	Change Addition		
STREET ADDRESS			STREET ADDRESS	ss		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	}	<b>—</b> 50,00	NAME	- Viality - Indianal		
STREET ADDRESS			STREET ADDRESS	ss		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	SS		
			CITY-ST-ZIP	<u> </u>		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS			STREET ADDRESS	cc		
CITY-ST-ZIP			CITY-ST-ZIP	~		
	cartify that the information avanticed wi	th this filing does not qualify for		Stated in Section 110 O7(3Vi) Florida Statuta   feature   feature   feature		
indicated	on this report or supplemental report	is true and accurate and that m	v signature shall	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all the the same legal effect as if made under outh; that I am an officer director Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		