

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000041791

1. Entity Name
DOVAL INSPECTION SERVICES, INC.



Principal Place of Business
950 NE 73RD STREET
MIAMI, FL 33138

Mailing Address
950 NE 73RD STREET
MIAMI, FL 33138

**FILED
Apr 29, 2005 8:00 am
Secretary of State**

04-29-2005 90294 005 ***150.00

DO NOT WRITE IN THIS SPACE

03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 68-0500847	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

— 6. Name and Address of Current Registered Agent —

DOVAL, GILBERT ROLAND
950 NE 73RD STREET
MIAMI, FL 33138

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DOVAL, GILBERT ROLAND
STREET ADDRESS 950 NE 73RD STREET
CITY-ST-ZIP MIAMI, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Gilbert Doval*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILBERT DOVAL

4/24/05

305

975-3860

Date

Daytime Phone #