## 2007 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT (AR) Feb 08, 2007 8:00 am DOCUMENT # P02000112501 **Secretary of State** 02-08-2007 90040 023 \*\*\*150.00 OAKWOOD VALLEY HOMES, INC. Principal Place of Business Mailing Address P.O. BOX 260610 PEMBROKE PINES FL 33026 11899 W. RIDGEVIEW DRIVE **DAVIE FL 33330** 2. Principal Place of Business - No P.O. Box #. 3. Mailing Address 1921 W KIDGEVIEW Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 51-0431983 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARRERO, ARTURO Street Address (P.O. Box Number is Not Acceptable) 11899 W. RIDGEVIEW DRIVE **DAVIE FL 33330** City Zip Code 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. (NOTE Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS Change HITE DP5 Delete HILL Addition MARRERO HATURO MARRERO, ARTURO NAMI NAMI 11899 W. RIDGEVIEW DRIVE 11921 CO RIXGEVIEW DR STREEL ADDRESS STREET ADDRESS **DAVIE FL 33330** CITY - ST - ZIP CITY-ST-7IP Delete 1011 ☐ Change Addition MARRERO, OSVALDO JR. 11899 W. RIDGEVIEW DRIVE STREET ADDRESS STREET ADORESS DAVIE FL 33330 CITY ST-ZIP CHY ST 7IP HIII ☐ Delete TITLE ☐ Change ☐ Addition NAMI NAM STREET ADDRESS STREET ADORESS CITY - ST - ZIF CITY ST ZIF Delete ☐ Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST ZIP ☐ Delete IIII DHU Change Addition NAME NAME

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficiency 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.

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NAME

SIGNATURE: \_

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HILL

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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