
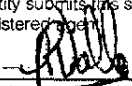
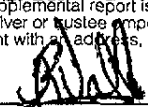


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000003868			
1. Entity Name ROBERTO O. VALLE, INC.			
Principal Place of Business 11710 N.W. SOUTH RIVER DR., #312 MEDLEY, FL 33178		Mailing Address 11710 N.W. SOUTH RIVER DR., #312 MEDLEY, FL 33178	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. ---		Suite, Apt. #, etc. ---	
City & State ---		City & State ---	
Zip ---	Country ---	Zip ---	Country ---
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VALLE, ROBERTO O 11710 N.W. SOUTH RIVER DR., #312 MEDLEY, FL 33178		Name ---	
		Street Address (P.O. Box Number is Not Acceptable) ---	
		City FL	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 		DATE ---	
Signature, typed or printed name of registered agent and title (if applicable)		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALLE, ROBERTO O		NAME ---	
STREET ADDRESS 11710 N.W. SOUTH RIVER DR., #312		STREET ADDRESS ---	
CITY-ST-ZIP MEDLEY, FL 33178		CITY-ST-ZIP ---	
TITLE ---	<input type="checkbox"/> Delete	TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ---		NAME ---	
STREET ADDRESS ---		STREET ADDRESS ---	
CITY-ST-ZIP ---		CITY-ST-ZIP ---	
TITLE ---	<input type="checkbox"/> Delete	TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ---		NAME ---	
STREET ADDRESS ---		STREET ADDRESS ---	
CITY-ST-ZIP ---		CITY-ST-ZIP ---	
TITLE ---	<input type="checkbox"/> Delete	TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ---		NAME ---	
STREET ADDRESS ---		STREET ADDRESS ---	
CITY-ST-ZIP ---		CITY-ST-ZIP ---	
TITLE ---	<input type="checkbox"/> Delete	TITLE ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ---		NAME ---	
STREET ADDRESS ---		STREET ADDRESS ---	
CITY-ST-ZIP ---		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 all other like empowered.			
SIGNATURE: 		Date 4-20-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # ---	



04012005 Chg-P CR2E034 (10/03)

4. FEI Number **57-1144863** Applied For Not Applicable

5. Certificate of Status Desired. **\$8.75** Additional Fee Required

110000357263
 05/04/05-80067-022 150.00