

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**


05-03-2005 90173 039 \*\*\*150.00

20055762



**DOCUMENT # P03000065418**

1. Entity Name  
**S.T.T. OVOLY, INC.**



Principal Place of Business  
**9820 SHERIDAN ST.  
 # 210  
 PEMBROKE PINES, FL 33024 US**

Mailing Address  
**9820 SHERIDAN ST.  
 # 210  
 PEMBROKE PINES, FL 33024 US**

2. Principal Place of Business  
**10341 ORANGE CT**

3. Mailing Address  
**10341 ORANGE CT**

Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

4. FEI Number  
**41-2135365**

Applied For  
 Not Applicable

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

City & State  
**Pembroke Pines Florida**

City & State  
**Pembroke Pines Florida**

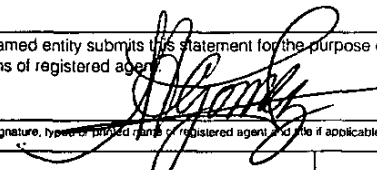
Zip  
**33026**

Country  
**FLORIDA**

6. Name and Address of Current Registered Agent  
**GOMEZ LUCENA, MIGUEL A  
 9820 SHERIDAN ST.  
 #210  
 PEMBROKE PINES, FL 33024**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**10341 ORANGE CT**  
 City **Pembroke Pines** FL Zip Code **33026**

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 **04/29/05**


Signature, typed or printed name of registered agent, and date 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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. GOMEZ, MIGUEL A 9820 SHERIDAN ST. # 210 PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **04/29/05**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #