

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000053200

1. Entity Name

GOBEA AND VALDES INVESTMENTS, INC.



Principal Place of Business

12905 N. HOWARD AVE.
TAMPA, FL 33612 US

Mailing Address

12905 N. HOWARD AVE.
TAMPA, FL 33612 US

FILED
Sep 04, 2008 08:00 AM
Secretary of State



08312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

**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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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 AND DIRECTORS

| | |
|------------------------------------------------|------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V VALDES, VIRGIL 12905 N. HOWARD AVE. TAMPA, FL 33612 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T VALDES, VIRGIL 12905 N. HOWARD AVE. TAMPA, FL 33612 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VALDES, VIRGIL 12905 N. HOWARD AVE. TAMPA, FL 33612 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GOBEA, RENIER 1242 ALDRICH CT WESLEY CHAPEL, FL 33543 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S VALDES, DENISE 12905 N. HOWARD AVE. TAMPA, FL 33612 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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09/04/08-80003-009:150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/08
Date

(813) 442-9993
Daytime Phone #