

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000059144

1. Entity Name
ROBERT W. VALE, P.A.



Principal Place of Business

7175 NW 48TH COURT
LAUDERHILL, FL 33319 US

Mailing Address

7175 NW 48TH COURT
LAUDERHILL, FL 33319 US

DO NOT WRITE IN THIS SPACE

**FILED
Apr 16, 2007 8:00 am
Secretary of State**

04-16-2007 90067 006 ***150.00

40062171



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2717039	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

VALE, ROBERT W
7175 NW 48TH COURT
LAUDERHILL, FL 33319

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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, 2007 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	VALE, ROBERT W
STREET ADDRESS	7175 NW 48TH COURT
CITY-ST-ZIP	LAUDERHILL, FL 33319

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

Date

Daytime Phone #