# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 19, 2007**
**Secretary of State**

DOCUMENT# P05000112349

**Entity Name:** DEL VALLE INSURANCE, CORP.

**Current Principal Place of Business:**

12401 SW 134TH CT
SUITE # 9
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12401 SW 134TH CT
SUITE # 9
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number: 33-1122741** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEL VALLE, NURIA
12401 SW 134TH CT
SUITE # 9
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: DEL VALLE, NURIA
Address: 22020 NW 129 AVE.
City-St-Zip: MIAMI, FL 33170

Title: VPD ( ) Delete
Name: OLGUIN, MONICA
Address: 10040 SW 142 COURT
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NURIA DEL VALLE P 07/19/2007

Electronic Signature of Signing Officer or Director — Date