

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000112349

1. Entity Name  
DEL VALLE INSURANCE, CORP.



**FILED**  
**Jul 11, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
12401 SW 134TH CT  
SUITE # 9  
MIAMI, FL 33186

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



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-1122741

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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.

U00000954375

07/11/08-80010-024 150.00

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  
PD  
DEL VALLE, NURIA  
22020 NW 129 AVE.  
MIAMI, FL 33170

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
OLGUIN, MONICA  
10040 SW 142 COURT  
MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:** NURIA DEL VALLE NURIA DEL VALLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/08

Date

305-253-4246

Daytime Phone #