

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017251

Entity Name: MOVALKA, INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

824 W. 72 PLACE
HIALEAH, FL 33014 US

Current Mailing Address:

824 W. 72 PLACE
HIALEAH, FL 33014 US

New Principal Place of Business:

2451 BRICKELL AVENUE
#19-R
MIAMI, FL 33129 US

New Mailing Address:

2451 BRICKELL AVENUE
#19-R
MIAMI, FL 33129 US

FEI Number: 26-1982757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VALDES, MONIQUE
824 W. 72 PLACE
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

VALDES, ROGELIO
2451 BRICKELL AVENUE
#19-R
MIAMI, FL 33129 US

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: ROGELIO VALDES

02/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALDES, MONIQUE
Address: 824 W. 72 PLACE
City-St-Zip: HIALEAH, FL 33014 US

Title: S () Delete
Name: VALDES, MONIQUE
Address: 824 W. 72 PLACE
City-St-Zip: MIAMI, FL 33014 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALDES, ROGELIO
Address: 2451 BRICKELL AVENUE, #19-R
City-St-Zip: MIAMI, FL 33129 US

Title: VP (X) Change () Addition
Name: VALDES, ROGELIO
Address: 2451 BRICKELL AVENUE, #19-R
City-St-Zip: MIAMI, FL 33129 US

Title: S () Change (X) Addition
Name: VALDES, ROGELIO
Address: 2451 BRICKELL AVENUE, #19-R
City-St-Zip: MIAMI, FL 33129

Title: T () Change (X) Addition
Name: VALDES, ROGELIO
Address: 2451 BRICKELL AVENUE, #19-R
City-St-Zip: MIAMI, FL 33129

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: ROGELIO VALDES

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date