

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000017251

FILED
Aug 18, 2009
Secretary of State**Entity Name:** MOVALKA, INC.**Current Principal Place of Business:**2451 BRICKELL AVENUE
#19-R
MIAMI, FL 33129 US**New Principal Place of Business:**2451 BRICKELL AVENUE
#20-T
MIAMI, FL 33129 US**Current Mailing Address:**2451 BRICKELL AVENUE
#19-R
MIAMI, FL 33129 US**New Mailing Address:**2451 BRICKELL AVENUE
20-T
MIAMI, FL 33129 US**FEI Number:** 26-1982757**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VALDES, ROGELIO
2451 BRICKELL AVENUE
#19-R
MIAMI, FL 33129 US**Name and Address of New Registered Agent:**VALDES, MONIQUE
2451 BRICKELL AVENUE
20-T
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: MONIQUE VALDES

08/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALDES, MONIQUE
Address: 2451 BRICKELL AVENUE, #20-T
City-St-Zip: MIAMI, FL 33129 US

Title: VP (X) Change () Addition
Name: VALDES, MONIQUE
Address: 2451 BRICKELL AVENUE, #20-T
City-St-Zip: MIAMI, FL 33129 US

Title: S (X) Change () Addition
Name: VALDES, MONIQUE
Address: 2451 BRICKELL AVENUE, #20-T
City-St-Zip: MIAMI, FL 33129

Title: T (X) Change () Addition
Name: VALDES, MONIQUE
Address: 2451 BRICKELL AVENUE, #20-T
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: MONIQUE VALDES

PRES

08/18/2009

Electronic Signature of Signing Officer or Director

Date