

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000034196

1. Entity Name  
DEL VALLE ENGINEERING, INC.



Principal Place of Business  
7722 SW 84 PL  
MIAMI, FL 33143

Mailing Address  
7722 SW 84 PL  
MIAMI, FL 33143

**FILED  
Jan 08, 2004 08:00 AM  
Secretary of State**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0494582	Applied For Not Applicable
5. Certificate of Status Desired	

\$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 relocating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPTS DEL VALLE, FERNANDO 7722 SW 84 PLACE MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE 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 exemption stated in Section 119.07(3)(i), 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 enclosures.

**SIGNATURE: Fernando Del Valle FERNANDO DEL VALLE 1/5/04 305-274-3497**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #