

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90276 049 \*\*\*150.00

DOCUMENT # P94000083312

1. Entity Name  
DEL VALLE PAINTING INC.



Principal Place of Business  
620 N.W. 58TH COURT  
MIAMI, FL 33126

Mailing Address  
620 N.W. 58TH COURT  
MIAMI, FL 33126



04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0537297

Applied For  
Not Applicable

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

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

DEL VALLE, HERIBERTO  
620 N.W. 58TH COURT  
MIAMI, FL 33126

**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.

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  
After May 1, 2004 Fee will be \$550.00**

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	PD DEL VALLE, HERIBERTO D 620 N.W. 58TH COURT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEL VALLE, HERIBERTO 13370 SW 17TH LANE, APT #2 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DEL VALLE, MARIA 620 N.W. 58TH COURT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEL VALLE, ALEXIS 620 NW 58TH CT. MIAMI, FL 33126
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 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 empowered.

SIGNATURE:

*Alexis DelValle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2004  
Date

305-264-3833  
Daytime Phone #