2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/3/1

FILED
Jul 12, 2004 8:00 am
Secretary of State
05-03-2004 90711 034 ***115.00
07-12-2004 90030 022 ****35.00

54061880

MOORE CR2E034 (11/03)

DOCUMENT # S83895

1. Entity Name

OVALLE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~7220 NW 79 TERRACE MIAMI FL 33166~~ 16184 NW 13ST PEMBROKE PINES, FL 33028	P.O. BOX 827091 PEMBROKE PINES FL 33082 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0285642 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRACKE, PEDRO G
1213 S.W. 177 TERRACE
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

16184 NW 13 ST. STREET

City PEMBROKE PINES FL Zip Code 33028

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OVALLE-STRACKE, MARIA ELENA 1213 SW 177TH TERR PEMBROKE PINES FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	16184 NW 13 ST PEMBROKE PINES, FL. 33028	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V STRACKE, PEDRO 1213 SW 177TH TERR PEMBROKE PINES FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	16184 NW 13 ST PEMBROKE PINES FL. 33028	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STRACKE, ALFRED P 1213 SW 177TH TERR HOLLYWOOD FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	16184 NW 13 ST. PEMBROKE PINES FL. 33028	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRACKE, EDWIN G 1213 SW 177TH TERR PEMBROKE PINES FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	16184 NW 13 ST PEMBROKE PINES FL 33028	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ PEDRO G STRACKE 7.29.04 954 3948451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #