

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

DOCUMENT # S83895	
1. Entity Name OVALLE & ASSOCIATES, INC.	

Principal Place of Business 7220 NW 79 TERRACE MIAMI FL 33166	Mailing Address 16184 NW 13 ST P.O. BOX 827091 PEMBROKE PINES FL 33082 US PINE, FL 33028
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54061880



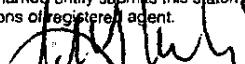
MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 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	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16184 NW 13 ST CITY PEMBROKE PINES FL Zip Code 33028	
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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

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
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10. OFFICERS AND DIRECTORS	
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	V STRACKE, PEDRO 1213 SW 177TH TERR PEMBROKE PINES FL 33029 ☐ Delete
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	D STRACKE, EDWIN G 1213 SW 177TH TERR PEMBROKE PINES FL 33029 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 16184 NW 13 ST PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 16184 NW 13 ST PEMBROKE PINES FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 16184 NW 13 ST PEMBROKE PINES FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 16184 NW 13 ST PEMBROKE PINES FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	PEDRO G STRACKE Date 9.29.09 Daytime Phone # 954 394 8451