## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90090 002 \*\*\*150.00

DOCUMENT # S83895  1. Entity Name OVALLE & ASSOCIATES, INC.			04-19-2006 90090 002 ***150				*150.00	
Principal Place of Business Mailing Address  16184 NW 13 ST 16184 NW 13 STREET PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028 US					1 ( <b>2:67</b> (4 <b>0</b> ) (	AKA INTO NITO	KATE MARIE MARIE ALZUE ALDE	<b>- 2131183</b> 1 # 1531
Principal Place of Business  H36 NW 159 Lane 1436 N·W 159 Lane Suite, Apt. #, etc.  3. Mailing Address 1436 N·W 159 Lane Suite, Apt. #, etc.				04132006	Chg	meta iment felt i	CR2E034 (11/0	5)
Pembroke Pines, Fl Pembroke Pines, FL				4. FEI Number 65-028				Applied For Not Applicable
_ Zip _ Country	Country Zip_ Count			5. Certificate		Desired	\$8.75 Fee Req	Additional
6. Name and Address of Current Registered Agent Nar							gistered Agent	
OVALLE-STRACKE, MARIA E 16184 NW 13 STREET PEMBROKE PINES, FL 33028			Street Address (P.O. Box Number is Not Acceptable)  1436 N.W 159 Lane					
\ Pem'				ke Pines	 5		FL 翌	0°28
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its	registere	ed office or register	red agent, or bo	th, in the S	State of Flori	ida. Tam familiar w	ith, and accept
SIGNATURE Signature in the state of the state of applicable. (NOTE: Registered Agent signature required when rematating) 4113 06 DATE								
FILE NOWI!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be								
After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRI		11.	Li Add	led to Fees	CHANCE	e To OFFIC	CERS AND DIRECT	000 111 14
TITLE P	☐ Delete	TITLE	1	ADDITIONS/	CHANGE	S TO OFFIC	Chan	
City-st-zip PEMBROKE PINES, FL 33028	1436 NW 159 Lane STR PEMBROKE PINES, FL 33028				<u>-</u>			
NAME STRACKE, PEDRO	Delete	TITLE NAMI	1				☐ Chan	e 🔲 Addition
STREET ADDRESS   16184 NW-19-ST   17-36 NW CITY-ST-ZIP   PEMBROKE PINES, FL 33028	16164 NW 1937 1436 NW 159 Lane STEPEMBROKE PINES, FL 33028							
TITLE S NAME STRACKE ALFRED P	S Delete TITLE STRACKE, ALFRED P. NAM						☐ Chan	ge 🔲 Addition
STREET ADDRESS 16184 NIW 13 OT 1436 NW 159 Lane STR			ET ADDRESS					
TITLE D	☐ Delete	TITLE	-ST-ZIP				☐ Chan	e Addition
STRACKE, EDWIN G STREET ADDRESS 16184 NW 13 ST 1436 NU	159Lane	NAM! STRE	E Et adoress					
CITY-ST-ZIP PEMBROKE PINES, FL 33028	ST-ZIP PEMBROKE PINES, FL 33028 CITY  Delete ITILI				<del></del>		Chan	n 🗀 Addžian
NAME STREET ADDRESS	LI UCKE	NAM					☐ Chan	e 🗖 Addition
STREET AUDINESS CITY-ST-ZIP			ET ADDRESS - ST- ZIP					
TITLE NAME	☐ Delete	TITLE	I				☐ Chan	e Addition
STREET ADDRESS CHY-ST-ZIP	1		ET ADDRESS -ST-ZIP					
12. I hereby certify that the information supplied with this ting does not qualify for the exemptions contained 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 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 expowered 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 eddress, with all other like empowered.								
INM LANGIALA W	all other like empowered	. 77	-y +	)	1/12/	100	mproure in brook 1	5. 5. 5. 5. 6. 11 11
SIGNATURE: WWW. NAME TO SEE SHAPE	EN MALE OF SIGNING OFFICER	OR DIRECT	OR	L	1 10	100	Davima Phon	