## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # J47617



**FILED** Apr 18, 2005 8:00 am Secretary of State

1. Entity Name						04-18-2005 90695 001 ***317.50					
WOLFBE	RG/ALVA	REZ AND PARTN	ERS, INC.								
Principal Plac	e of Business	s	Mailing Address			1					
1500 SAN REMO AVE 1500 SAN REMO AVE							•				
# 300 # 300 MIAMI FL 33146 MIAMI FL 33146											
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2. Principal P	Place of Busin	ess	3. Mailing Address			1 1					
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			1s	MOORE	CR2E03	34 (10/04	1)	
City & State			City & State			4. FEI Numb	4. FEI Number 59-1713092 Applied For Not Applica				
Zip	Zip Country		Zip Coun		try	5. Certificate of Status Desired		×	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
				Ī	Name					-	
RODON-ALVAREZ, MARY LOU SCHREIBER RODON-ALVAREZ 2222 PONCE DE LEON BLVD, PH CORAL GABLES FL 33134					Street Address (P.O. Box Number is Not Acceptable)						
				ļ	City			F	L Zip	Code	
8. The above	named entity	submits this statement for	or the purpose of changing its	s registere	d office or registe	red agent, or bo	th, in the State of F	lorida. I a	m familiar	with, a	nd accept
the obligat	tions of regist	ered agent.									
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable (NO	TE Registered	i Agent signature require	d when reinstating)		DATE			<del></del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
Make Check								-		Added	
Make Check 10.			f State	11.		ADDITIONS		ntribution.			to Fees
		Florida Department o	f State	11.		ADDITIONS	Trust Fund Co	ntribution.		TORS	to Fees
10. TITLE NAME	VP WOLFBER	OFFICERS AND OFFICERS AND G, DAVID A.	DIRECTORS  Delete	TITLE NAME		ADDITIONS	Trust Fund Co	ntribution.	ND DIREC	TORS	to Fees
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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 tribe 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 of trubbee 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:

JULIO E. ALVARG24/14/5 1305) 666-5474