

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/04)

DOCUMENT # L23530				1. Entity Name ALVAREZ & FERNANDEZ, P.A., C.P.A.	
Principal Place of Business 650 NW 43 AVENUE MIAMI FL 33126 US			Mailing Address 650 NW 43 AVE MIAMI FL 33126 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 65-0148563 <input type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALVAREZ, EMILIO B. 650 NW 43 AVENUE MIAMI FL 33140			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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 <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN FY		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	ALVAREZ, EMILIO B		NAME		
STREET ADDRESS	6035 ALTON ROAD		STREET ADDRESS		
CITY- ST- ZIP	MIAMI BEACH FL		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	FERNANDEZ, ENRIQUE F		NAME		
STREET ADDRESS	10510 SW 119TH ST		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

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01/24/05-80157-003 100.00 Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 title empowers.

SIGNATURE: *Emilio B Alvarez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05
Date Daytime Phone #