



FILED
Mar 05, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # M94079 1. Entity Name WOLFBERG ALVAREZ GROUP, INC.	
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Principal Place of Business 1500 SAN REMO AVE # 300 CORAL GABLES, FL 33146	Mailing Address 1500 SAN REMO AVE # 300 CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE


 02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0126759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

ALVAREZ, JULIO E 1500 SAN REMO AVE SUITE 300 CORAL GABLES, FL 33146	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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9. 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 _____
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when filing a change.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000656069 03/14/07-80009-[21 158.75
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ALVAREZ, JULIO E
STREET ADDRESS	1500 SAN REMO AVE #300
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing complies fully 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 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 or other like endorsement.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Day/Mo/Year

