

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

07 FEB -8 PM 2: 30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P01000017281

1. Entity Name
INVERSIONES ALSER, CORP.



Principal Place of Business 14300 SW 152ND PLACE MIAMI, FL 33196	Mailing Address 14300 SW 152ND PLACE MIAMI, FL 33196
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DO NOT WRITE IN THIS SPACE



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1079165	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALVARADO, MARGOTH
14300 SW 152ND PLACE
MIAMI, FL 33196**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

700088062117
02/13/07--01001--016 **150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALVARADO, MARGOTH 14300 SW 152ND PLACE MIAMI, FL 33196
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12. I hereby certify that the information supplied with this filing 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 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 I am empowered.

SIGNATURE: Margoth De Alvarado **MARGOTH ALVARADO** - 01/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #