

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90016 050 ***150.00



DOCUMENT # P02000041382
 1. Entity Name
ALEIDA ALVAREZ INC.

Principal Place of Business Mailing Address
 7700 WEST 16 AVE 7700 WEST 16 AVE
 HIALEAH, FL 33014 HIALEAH, FL 33014



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

01232006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
56-2282732 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ALVAREZ, ALEDIA
7700 WEST 16 AVE
HIALEAH, FL 33014

7. Name and Address of New Registered Agent
 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: *Aleida Alvarez* DATE: **1/23/06**
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ALEIDA	
STREET ADDRESS	7700 WEST 16 AVE	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALVAREZ, NORBERTO	
STREET ADDRESS	7700 WEST 16 AVE	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: *Aleida Alvarez* Date: **1/23/06** Daytime Phone #: **305-8276031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR