


FILED
May 15, 2003 8:00 am
Secretary of State

04-23-2003 90144 020 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000054777

1. Entity Name
ALVEZ INVESTMENTS, INC.



Principal Place of Business
**C/O AGI REGISTERED AGENTS, INC.
 1200 BRICKELL AVENUE, SUITE 900
 MIAMI FL 33131**

Mailing Address
**C/O AGI REGISTERED AGENTS, INC.
 1200 BRICKELL AVENUE, SUITE 900
 MIAMI FL 33131**

55041103



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
4410 N.W. 74 Avenue
 Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33166

Country
US

CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0700016

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**AGI REGISTERED AGENTS, INC
 1200 BRICKELL AVENUE
 SUITE 900
 MIAMI FL 33131**

7. Name and Address of New Registered Agent
 Name
Alvaro Castillo, B., P.A.
 Street Address (P.O. Box Number is Not Acceptable)
**1390 Brickell Avenue
 Suite 200**
 City
Miami, FL Zip Code
33131

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 **5-9-03**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ESTEVEZ, JAVIER C/O 1200 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Javier Estevez 4410 N.W. 74 Avenue Miami, Florida 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ESTEVEZ, GERARDO C/O 1200 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Gerardo Estevez 4410 N.W. 74 Avenue Miami, Florida 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **President** Date **4/21/03** Daytime Phone # **(305) 718-4466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Javier Estevez** Date Daytime Phone #

CP2E034 (10/02)