2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90294 024 ***150.00

DOCUMENT # L78466

1. Entity Name
ALVAREZ & COMPANY, INC.

Principal Place of Business	Mailing Address
3904 AIRPORT RD PLANT CITY, FL 33563 US	3904 AIRPORT RD PLANT CITY, FL 33563 US

03022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6608 CAMBRIDGE PARK DR	6608 CAMBRIDGE PARK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOLLO BEACH, FL	City & State: APOLLO BEACH, FL
Zip: 33572 Country: U.S.A.	Zip: 33572 Country: U.S.A.

4. FEI Number: 59-3009705 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVAREZ, JOSE A 3904 AIRPORT RD PLANT CITY, FL 33563	Name: ALVAREZ, JOSÉ A. Street Address (P.O. Box Number is Not Acceptable): 6608 CAMBRIDGE PARK DR City: APOLLO BEACH FL Zip Code: 33572

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: José A. Alvarez JOSÉ A. ALVAREZ 4-25-05
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	DP ALVAREZ, JOSE A 3904 AIRPORT RD PLANT CITY, FL 33563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6608 CAMBRIDGE PARK DR APOLLO BEACH, FL 33572	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S ALVAREZ, JANET L 3904 AIRPORT RD PLANT CITY, FL 33563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6608 CAMBRIDGE PARK DR APOLLO BEACH, FL 33572	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: José A. Alvarez JOSÉ A. ALVAREZ, PRES 4/25/05 813-230-8859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #