

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90034 016 ***150.00

DOCUMENT # P04000001627	
1. Entity Name ALVA VENTURES, INC.	

Principal Place of Business 1981 CARBONATA DR. ALVA FL 33920 US	Mailing Address 1981 CARBONATA DR. ALVA FL 33920 US
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Same Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Same Zip Country
---	---

1st MOORE CR2E034 (10/07)

4. FEI Number 84-1635119	Applied For ☒ Not Applicable
------------------------------------	---

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

6. Name and Address of Current Registered Agent STAKELY, JERMEY 22872 FOREST RIDGE DR ESTERO FL 33928	
---	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) no change 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.

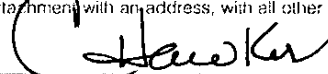
SIGNATURE _____	(NOTE: Registered Agent signature required when reappointing)	DATE _____
-----------------	---	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PST HAWKER, CHERYL 1981 CARBONATA DR. ALVA FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete T EASLEY, ROBERT 1981 CARBONATA DR. 2150 waylife Ct ALVA FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete VP KAPLAN, LAWRENCE D 6800 SW 59TH ST. S. MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 exemptions contained in Section 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 person 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:  prev	Date Feb 11 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	