

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000949

**Entity Name:** ALVITE PROFESIONAL, C.A., INC.

**Current Principal Place of Business:**

8395 SW 73RD AVE  
UNIT 808  
MIAMI, FL 33143

**Current Mailing Address:**

8395 SW 73RD AVE  
UNIT 808  
MIAMI, FL 33143

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROXANA MIRAVAL, P.A.  
3650 NW 82 AVE PH 505  
DORAL, FL 33166 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name FERNANDEZ, JOSE A  
Address AVENIDA SUR 13 EDIFICIO SOSA  
PISO PM LOCAL  
City-State-Zip: N 01 SECTOR CRUZ DE CANDELAR

Title D  
Name FERNANDEZ, DOMINGO A  
Address AVENIDA SUR 13 EDIFICIO SOSA  
PISO PM LOCAL  
City-State-Zip: N 01 SECTOR CRUZ DE CANDELAR

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FERNANDEZ JOSE A

01/08/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date