

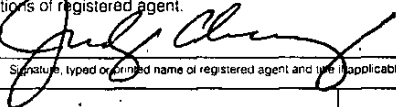
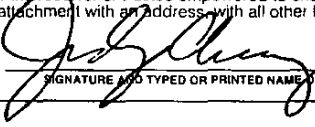


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90029 036 ***150.00

DOCUMENT # 434522 1. Entity Name JUDY ALVAREZ CLUB TENNIS, INC.					
Principal Place of Business 8419 HUBERT AVE TAMPA, FL 33614			Mailing Address 8419 HUBERT AVE TAMPA, FL 33614		
2. Principal Place of Business 7512 N. Ola Ave		3. Mailing Address 7512 N. Ola Ave		 01172005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL			
Zip 33604-4050		Zip 33604-4050			
Country USA		Country USA		4. FEI Number 59-1564161	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, JUDY 8419 HUBERT AVE TAMPA, FL 33614			7. Name and Address of New Registered Agent Name Judy Alvarez Street Address (P.O. Box Number is Not Acceptable) 7512 N. Ola Ave City Tampa FL Zip Code 33604-4050		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD ALVAREZ, JUDY 8419 HUBERT AVE TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALVAREZ, ANNA 404 W DAVIS BLVD TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALVAREZ, OSCAR 404 W DAVIS BLVD TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Judy Alvarez 7512 N. Ola Ave Tampa, FL 33604-4050	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Judy Alvarez 7512 N. Ola Ave Tampa, FL 33604-4050	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Judy Alvarez 7512 N. Ola Ave Tampa, FL 33604-4050	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Judy Alvarez 7512 N. Ola Ave Tampa, FL 33604-4050	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Judy Alvarez 7512 N. Ola Ave Tampa, FL 33604-4050	<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: 		JUDY ALVAREZ		3-21-05 813-748-2940	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	