

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 506320

**FILED**  
**Oct 09, 2009**  
**Secretary of State****Entity Name:** ALVIN'S STORES, INCORPORATED**Current Principal Place of Business:**10400 NW 33 STREET  
STE. 110  
MIAMI, FL 33172**New Principal Place of Business:**11400 NW 34TH STREET  
DORAL, FL 33178**Current Mailing Address:**10400 NW 33 STREET  
STE. 110  
MIAMI, FL 33172**New Mailing Address:**11400 NW 34TH STREET  
DORAL, FL 33178**FEI Number:** 59-1697575**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LEVY, DROR  
10400 NW 33 STREET  
MIAMI, FL 33172 US**Name and Address of New Registered Agent:**LEVY, DROR  
11400 NW 34TH STREET  
DORAL, FL 33178 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:** DROR LEVY

10/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** TABIB, ELIEZER  
**Address:** 10400 NW 33 STREET, STE. 110  
**City-St-Zip:** MIAMI, FL 33172**Title:** VP/T ( ) Delete  
**Name:** LEVY, DROR  
**Address:** 10400 NW 33 STREET, STE. 110  
**City-St-Zip:** MIAMI, FL 33172**Title:** S ( ) Delete  
**Name:** LEVY, DROR  
**Address:** 10400 NW 33 STREET, STE. 110  
**City-St-Zip:** MIAMI, FL 33172**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** TABIB, ELIEZER  
**Address:** 11400 NW 34TH STREET  
**City-St-Zip:** DORAL, FL 33178**Title:** VP/T (X) Change ( ) Addition  
**Name:** LEVY, DROR  
**Address:** 11400 NW 34TH STREET  
**City-St-Zip:** DORAL, FL 33178**Title:** S (X) Change ( ) Addition  
**Name:** LEVY, DROR  
**Address:** 11400 NW 34TH STREET  
**City-St-Zip:** DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** DROR LEVY

VP

10/09/2009

Electronic Signature of Signing Officer or Director

Date