


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90066 043 ***150.00

DOCUMENT # F04000004076	
1. Entity Name TIMOTHY J. ALVINO, P.C.	

Principal Place of Business 50 ROCKEFELLER PLAZA, 11TH FLOOR NEW YORK, NY 10020-1605	Mailing Address 50 ROCKEFELLER PLAZA, 11TH FLOOR NEW YORK, NY 10020-1605
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2. Principal Place of Business - No P.O. Box # 340 Madison Avenue Suite, Apt. #, etc.	3. Mailing Address 340 Madison Avenue Suite, Apt. #, etc.
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City & State New York, New York	City & State New York, New York
Zip 10173-1922	Zip 10173-1922
Country USA	Country USA

04052007 Chg-P CR2E034 (12/06)

4. FEI Number 75-3128169	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLEMAN, IRA J 201 S BISCAYNE BLVD, 22ND FLOOR MIAMI, FL 33131-4336	7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST ALVINO, TIMOTHY J 50 ROCKEFELLER PLAZA, 11TH FLOOR NEW YORK, NY 100201605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Timothy J. Alvino <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 340 Madison Avenue New York NY 10173-1922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Timothy J. Alvino, President 4/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #