


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K07338</b>	
<b>1. Entity Name</b> ALVA ALEXANDER, INC.	

<b>Principal Place of Business</b> 278 S MILITARY TRAIL DEERFIELD BEACH, FL 33442 US	<b>Mailing Address</b> 5848 NW 54 CIRCLE CORAL SPRINGS, FL 33067
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01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0034233	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>8. Name and Address of Current Registered Agent</b>  ALEXANDER, ALVA 5848 NW 54 CIRCLE CORAL SPRINGS, FL 33067
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<b>DO NOT WRITE IN THIS SPACE</b>
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**6.** 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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PTVP ALEXANDER, ALVA 5848 NW 54 CIRCLE CORAL SPRINGS, FL 33067
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<p>U00000381789 01/11/06-80089-010 150.00</p> <p align="center"><b>DO NOT WRITE IN THIS SPACE</b></p>
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**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:** ALVA ALEXANDER, PRES Alon Alexander 1/6/06 954-575-0515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #