## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2007 08:00 AM Secretary of State **DOCUMENT # K99181** ALVIRA INTERIORS, INC. Principal Place of Business Mailing Address 2706 YARMOUTH DRIVE 2706 YARMOUTH DRIVE WELLINGTON, FL 33414 WELLINGTON, FL 33414 US 04252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0133513 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAPLAN, ALVIRA DO NOT WRITE 2706 YARMOUTH DRIVE WELLINGTON, FL 33414 IN THIS SPACE 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE KAPLAN, ALVIRA NAME 2706 YARMOUTH DRIVE STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP TITLE NAME U00000740704 STREET ADDRESS 05/14/07-80077-021 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 chapter 40 or an attackment with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTS NAME OF BIGNING OFFICER OR DIRECTOR

ALVIRA KAPLAN

866-0866

Daytime Phone #

FILED

4/28/00