

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108023

Entity Name: ALVA WORKS LTD. CO.

FILED  
Jan 14, 2007  
Secretary of State

**Current Principal Place of Business:**

99 SE 2ND ST.  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

99 SE 2ND ST.  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 20-3764083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIGUEROA, ANDRES  
4770 NW 102 AVE.  
APT. 103  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

FIGUEROA, ANDRES  
325 S BISCAYNE BLVD  
APT. 4015  
MIAMI, FL 33131 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: ANDRES FIGUEROA

01/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FIGUEROA, ANDRES  
Address: 4770 NW 102 AVE. APT. 103  
City-St-Zip: DORAL, FL 33178

Title: MGRM ( ) Delete  
Name: ALVA, NORA  
Address: 4770 NW 102 AVE. APT. 103  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FIGUEROA, ANDRES  
Address: 325 S BISCAYNE BLVD. APT 4015  
City-St-Zip: MIAMI, FL 33131

Title: MGRM (X) Change ( ) Addition  
Name: ALVA, NORA  
Address: 325 S BISCAYNE BLVD APT. 4015  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANDRES FIGUEROA

MNGR

01/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date