2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2008 8:00 am Secretary of State 03-12-2008 90023 040 ***158.75

1. Entity Name ALVIL, INC.							- • 0 0 7 K	23 0 10	130.7	J
Principal Place of Business Malling Address 5800 S.W-92ND AVENUE 969 8 5 W.64 St. 5800 S.W-92ND AVENUE 969 8						# 40	043335			
Principal Place of Business - No P.O. Box #				- 4						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			03092008	Chg-P	CR2E	034 (12/06)	
City & State		City & State	City & State			4. FEI Number 65-01912	237			pplied For ot Applicable
Zip	Country	Zip	Cour	Country		5. Certificate of			\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent				Name		7. Name and A	ddress of New R	egistered	Agent	
ALVA, SILVIO						·	····			-
5800 S.W. 62ND. AVENUE 96985. W. 64.61: Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33173										
	•									
				City				FL	Zip Coc	ie
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 famillar with, and accept the obligations of registered agent.										
SIGNATURE.	Signature, typed or printed name of registered age	ant and tale if applicable (NC	TE: Registere	d Agent signature	required w	rhen reinstating)		DATE	······································	<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution:						May Be to Fees			17	
10.		D DIRECTORS	11.			ADDITIONS/CH	IANGES TO OFFI	CERS AND		
TITLE NAME	PDM ALVA, SILVIO	☐ Delete	TITLI NAM						Change	Addition
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 8800 S.W. 92ND AVENUE 9698.6.W. 64.51			ET ADDRESS -ST-ZIP					•	
TITLE	VDS	☐ Defete	TITLE	E .					Change	Addition
NAME STREET ADDRESS	ALVA, YOLANDA \$800.8.W. SWAND AVENUE 9698 5.W. 6451			E ET ADDRESS				,		
CITY-ST-ZIP	MIAMI, FL 39173	PUD NEW PERIOD		-ST-ZIP						
TITLE		☐ Delete	TITLE	- I	4	'			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		- Amagina dia pinin jima		E ET ADDRESS - ST- ZIP		· / • —	, -			
TITLE		☐ Delete	TITLE			• • • • • • • • • • • • • • • • • • • •			☐ Change	Addition
NAME STREET ADDRESS			NAME							
CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS]		NAME STREET	ET ADDRESS					# 76c	
CITY-ST-ZIP				-ST-ZIP			<u>.</u>	,	r .	
IIILE	Marie Trick	☐ Delete	TITLE	-1					☐ Change	☐ Addition
NAME Street address		دي. مومن د خ	/-	ET ADDRESS		1				
CITY-ST-ZIP_		. <u> </u>		ST-ZIP		<u> </u>				

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, who all other like empowered.

SIGNATURE:∠

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR