

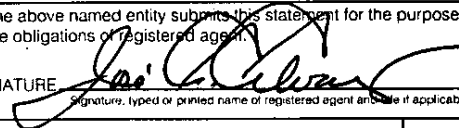
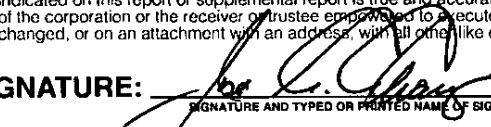


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90294 024 ***150.00

DOCUMENT # L78466 1. Entity Name ALVAREZ & COMPANY, INC.					
Principal Place of Business 3904 AIRPORT RD PLANT CITY, FL 33563 US			Mailing Address 3904 AIRPORT RD PLANT CITY, FL 33563 US		
2. Principal Place of Business 6608 CAMBRIDGE PARK DR Suite, Apt. #, etc.		3. Mailing Address 6608 CAMBRIDGE PARK DR Suite, Apt. #, etc.			
City & State APOLLO BEACH, FL		City & State APOLLO BEACH, FL		4. FEI Number 59-3009705	
Zip 33572		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, JOSE A. 3904 AIRPORT RD PLANT CITY, FL 33563				7. Name and Address of New Registered Agent Name ALVAREZ, JOSE A. Street Address (P.O. Box Number is Not Acceptable) 6608 CAMBRIDGE PARK DR City APOLLO BEACH FL Zip Code 33572	
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  JOSE A. ALVAREZ DATE 4-25-05 <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALVAREZ, JOSE A 3904 AIRPORT RD PLANT CITY, FL 33563 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6608 CAMBRIDGE PARK DR APOLLO BEACH, FL 33572 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S ALVAREZ, JANET L 3904 AIRPORT RD PLANT CITY, FL 33563 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6608 CAMBRIDGE PARK DR APOLLO BEACH, FL 33572 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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 exemption stated in Section 119.07(3)(i), 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:  JOSE A. ALVAREZ, Pres 4/25/05 813-230-8859 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					