


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90050 018 ***150.00

DOCUMENT # L90821			
1. Entity Name ALVYN'S ENTERPRISES, INC.			
Principal Place of Business 204 E INTERLAKE BLVD LAKE PLACID, FL 33852 US		Mailing Address POST OFFICE BOX 16-4108 MIAMI, FL 33116-4108 US	
2. Principal Place of Business		3. Mailing Address 7715 YARDLEY DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 114	
City & State		City & State TAMARAC, FL	
Zip	Country	Zip	Country
33321	US	33321	US

30004783



01122005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALVYN, ALVIN EDWARD 1552 LAKE CLAY DR LAKE PLACID, FL 33852		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVYN, ALVIN EDWARD	NAME	
STREET ADDRESS	1552 LAKE CLAY DR	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	
TITLE	VTB <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVYN, ALVIN EDWARD	NAME	
STREET ADDRESS	1552 LAKE CLAY DR	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIEGER, PAULA R	NAME	
STREET ADDRESS	1422 SW 158 AVE	STREET ADDRESS	7715 YARDLEY DRIVE #114
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, KAREN S	NAME	
STREET ADDRESS	367 NW 152 AVE	STREET ADDRESS	7715 YARDLEY DRIVE #213
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROWITZ, STEPHEN R	NAME	
STREET ADDRESS	2070 WINAMAR PL	STREET ADDRESS	
CITY-ST-ZIP	ESCONDIDO, CA 92029	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Paula R. Tieger 1/13/05 (954) 721-4728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #