
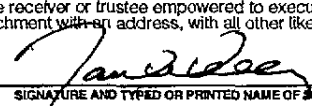


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M15567		
1. Entity Name RAUL A. ALVAREZ, ARCHITECT P.A. AND ASSOCIATES		
Principal Place of Business 9600 SW 8TH ST., SUITE 37 MIAMI, FL 33174-2900	Mailing Address 9600 SW 8TH ST., SUITE 37 MIAMI, FL 33174-2900	
DO NOT WRITE IN THIS SPACE		
		% C - 1123666666 F & 05012004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2531101 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALVAREZ, RAUL A 9600 SW 8TH STREET SUITE 37 MIAMI, FL 33174		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$550.00 150.00 Due by September 8, 2004 April 30, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALVAREZ, RAUL A 6460 NW 2ND ST MIAMI, FL	DO NOT WRITE IN THIS SPACE U00000151384 05/04/04-80042-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV ALVAREZ, JR., RAUL A 6460 NW 2ND ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/30/04 305-220-0156 Date Daytime Phone #