
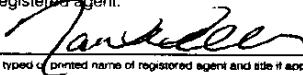
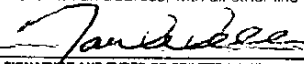


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90026 010 \*\*\*150.00

<b>DOCUMENT # M15567</b> 1. Entity Name <b>RAUL A. ALVAREZ, ARCHITECT P.A. AND ASSOCIATES</b>					
Principal Place of Business <b>9600 SW 8TH ST., SUITE 37 MIAMI, FL 33174-2900</b>			Mailing Address <b>9600 SW 8TH ST., SUITE 37 MIAMI, FL 33174-2900</b>		
2. Principal Place of Business - No P.O. Box # <b>6460 NW 2 ST.</b>		3. Mailing Address <b>6460 NW 2 ST.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI, FL.</b>		City & State <b>MIAMI, FL.</b>		4. FEI Number <b>59-2531101</b>	
Zip <b>33126</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALVAREZ, RAUL A 9600 SW 8TH STREET SUITE 37 MIAMI, FL 33174</b>			7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>6460 NW 2 ST.</b> City <b>MIAMI, FL</b> Zip Code <b>33126</b>		
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  DATE <b>5/6/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ALVAREZ, RAUL A 6460 NW 2ND ST MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV ALVAREZ, JR., RAUL A 6460 NW 2ND ST MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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, with all other like empowered.					
SIGNATURE: 			DATE <b>5/6/08</b> DAYTIME PHONE # <b>305-220-0156</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					