2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90359 011 ***150.00

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1. Entity Name
ALUVION CORP.

Principal Place of Business	Mailing Address
8530 NW 177TH ST. MIAMI, FL 33015	8530 NW 177TH ST. MIAMI, FL 33015

03212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
731 NW 155 TER	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State:
Zip: 33028 Country: USA	Zip: Country:

4. FEI Number: 65-1020039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVEAR, MICHAEL J 8530 NW 177TH ST. MIAMI, FL 33015	Name: Alvear, Michael J Street Address (P.O. Box Number is Not Acceptable): 731 NW 155 TER City: Pembroke Pines FL Zip Code: 33028

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: [signature] MICHAEL J ALVEAR 3/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD ALVEAR, MICHAEL J 8530 NW 177TH ST. MIAMI, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Alvear, Michael J 731 NW 155 TER Pembroke, FL 33028	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SANCHEZ, LOAMMIS 8530 NW 177TH ST. MIAMI, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Sanchez, Loammis 731 NW 155 TER Pembroke, FL 33028	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Loami's Sanches VP 3/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #