

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000060691	
1. Entity Name ALCEN ENTERTAINMENT, INC.	

Principal Place of Business 9839 S.W. 1 47TH PLACE MIAMI, FL 33196	Mailing Address 9839 S.W. 1 47TH PLACE MIAMI, FL 33196
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DO NOT WRITE IN THIS SPACE

	
02042004	No Chg-P CR2E034 (10/03)
4. FEI Number 65-1020993	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVA-CENTURION, JOSE L
9839 S.W. 47TH PLACE
MIAMI, FL 33196

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8. The above named entity submits the 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 _____

Signature is typed or printed name of registered agent and is acceptable. NOTE: Registered Agent signature required when a new agent is appointed.

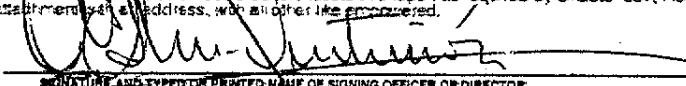
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ALVA-CENTURION, JOSE L 9839 S.W. 1 47TH PLACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD ALVA-CENTURION, CARLOS E 9839 S.W. 1 47TH PLACE MIAMI, FL 33196
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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)(k), 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:  **2/10/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR