2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 07, 2007 8:00 am Secretary of State **DOCUMENT # P01000013095** 05-07-2007 90076 009 ***150.00 ALVAREZ & GUERRERO, CORP. Principal Place of Business Mailing Address 5480 25TH PL SW 5480 25TH PL SW NAPLES, FL 34116 NAPLES, FL 34116 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13614 Troia $\mathcal{D}C$ 13614 Troia Suite, Apt. #, etc. 04222007 Chg-P CR2E034 (12/06) City & State City & State 4 FEI Number Applied For Florida Florida F 2-fc (O Estero 59-3696965 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33928 3928 AZU 102 D Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Alvarez Guerrero, Rocio Esther ALVAREZ GUERRERO, ROCIO ESTHER Street Address (P.O. Box Number is Not Acceptable) 5480 25TH PL SW NAPLES, FL 34116 13614 Troia Ezten 8. The above named entity sybmits 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 Sonature, typed or decided to Aluarez Gierra Rocio 4-54-07 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Alvarez Guerrero, Rocia Change BAddition TITLE . ☐ Delete TITLE NAME ALVAREZ GUERRERO, ROCIO ESTHER NAME 13614 Troia Dr. STREET ADDRESS 5480 25TH PL SW STREET ADDRESS NAPLES, FL 34116 CITY-ST-ZIP CITY-ST-ZIP Esten F1 33928 TITLE DS Delete TITLE ☐ Change ∠Addition Garcia, Javier 13614 Troia Dr Estero Fl 33928 GARCIA, JAVIER NAME NAME STREET ADDRESS 5480 25TH PL SW STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34116 City-St-ZiP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP 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. Rocio E. Alvariz Guerro

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

4-24-07

Daytme Phone #