

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000052465

1. Entity Name
 JUAN LUCAS ALVAREZ, P.A.



Principal Place of Business
 757 NW 27TH AVE SUITE 203
 MIAMI, FL 33125

Mailing Address
 757 NW 27TH AVE SUITE 203
 MIAMI, FL 33125



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1107121	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, JUAN LUCAS
 757 NW 27TH AVE SUITE 203
 MIAMI, FL 33125

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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 typed or printed, name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/7/06
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, JUAN LUCAS 757 NW 27TH AVE SUITE 203 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ALVAREZ, JUAN L 757 NW 27TH AVE STE 203 MIAMI, FL 33125
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 03/22/06-80050-002 150.00

DO NOT WRITE IN THIS SPACE

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06
DATE

305 644 0939
Daytime Phone #