


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90253 025 ***150.00

DOCUMENT # P01000096187	
1. Entity Name DAVID T. ALVAREZ, P.A.	

Principal Place of Business ONE EAST BROWARD BOULEVARD SUITE 604 FT. LAUDERDALE, FL 33301	Mailing Address ONE EAST BROWARD BOULEVARD SUITE 604 FT. LAUDERDALE, FL 33301
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94072776

2. Principal Place of Business One East Broward Boulevard	3. Mailing Address One East Broward Boulevard
Suite, Apt. #, etc. Suite 1503	Suite, Apt. #, etc. Suite 1503

04262004 Chg-P CR2E034 (10/03)

City & State Ft. Lauderdale, Florida	City & State Ft. Lauderdale, Florida
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4. FEI Number 65-1144493	Applied For <input type="checkbox"/> Not Applicable
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Zip 33301	Country U.S.	Zip 33301	Country U.S.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALVAREZ, DAVID T ONE EAST BROWARD BOULEVARD SUITE 604 FT. LAUDERDALE, FL 33301	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) One East Broward Boulevard	
Suite 1503	
City Ft. Lauderdale	Zip Code FL 33301

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 *David T. Alvarez* **David T. Alvarez** 4/27/04
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, DAVID T ONE EAST BROWARD BOULEVARD, SUITE 604 FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alvarez, David T. One East Broward Boulevard, Suite 1503 Ft. Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David T. Alvarez* **David T. Alvarez** 4/27/04 (954) 522-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #