


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

94072776

2. Principal Place of Business
One East Broward Boulevard

3. Mailing Address
One East Broward Boulevard

Suite, Apt. #, etc.
Suite 1503



04262004 Chg-P CR2E034 (10/03)

City & State
Ft. Lauderdale, Florida

City & State
Ft. Lauderdale, Florida

Zip
33301

Country
U.S.

4. FEI Number
65-1144493

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

ALVAREZ, DAVID T
ONE EAST BROWARD BOULEVARD
SUITE 604
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name
David T. Alvarez

Street Address (P.O. Box Number is Not Acceptable)
One East Broward Boulevard

Suite 1503

City
Ft. Lauderdale

FL

Zip Code
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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALVAREZ, DAVID T	
STREET ADDRESS	ONE EAST BROWARD BOULEVARD, SUITE 604	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alvarez, David T.	
STREET ADDRESS	One East Broward Boulevard, Suite 1503	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #