


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90023 040 \*\*\*150.00

**DOCUMENT # P01000103192**

1. Entity Name  
**IDALIS PEREZ-ALVAREZ, P.A.**



Principal Place of Business      Mailing Address

**2299 S.W. 37TH AVE.  
 STE. 200  
 MIAMI FL 33145**

**2299 S.W. 37TH AVE.  
 STE. 200  
 MIAMI FL 33145**

2. Principal Place of Business      3. Mailing Address

**2299 SW 37 Ave.**      **SAME**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**#302**      **SAME**

City & State      City & State

**Miami, FL**      **Miami, FL**

Zip      Country      Zip      Country

**33145**      **US**      **33145**      **US**

4. FEI Number      Applied For

**65-1147044**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ-ALVAREZ, IDALIS ESQ.  
 2299 S.W. 37TH AVE.  
 STE. 200 302  
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Perez-Alvarez, Idalis**

Street Address (P.O. Box Number is Not Acceptable) **2299 SW 37 Ave #302**

**Suite 302**

City **Miami**      State **FL**      Zip **33145**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ-ALVAREZ, IDALIS ESQ.</b>	NAME	
STREET ADDRESS	<b>2299 S.W. 37TH AVE., STE. 200</b>	STREET ADDRESS	<b>Suite 302</b>
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 supplement thereto 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:  **Idalis Perez-Alvarez**      Date **2/10/04**      Daytime Phone # **(305) 4431597**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #