


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90241 045 ***150.00

DOCUMENT # P01000103192

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



Principal Place of Business Mailing Address

2290 SW 37 AVE. **2290 S.W. 37TH AVE.**
~~STE. 302~~ ~~STE. 302~~
MIAMI FL 33145 **MIAMI FL 33145**



2. Principal Place of Business 3. Mailing Address

11430 S.W. 88 Street **11430 SW 88 St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
308 **308**

1st MOORE CR2E034 (10/05)

City & State City & State

miami, FL **miami, FL**

Zip Country Zip Country

33176 **USA** **33176** **USA**

4. FEI Number Applied For

65-1147044 Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ-ALVAREZ, IDALIS ESQ.
~~2290 S.W. 37TH AVE.~~
~~STE. 302~~
~~MIAMI FL 33145~~

7. Name and Address of New Registered Agent

Name **Idalis Perez-Alvarez**

Street Address (P.O. Box Number is Not Acceptable) **11430 SW 88 Street**

City **miami** State **FL** Zip **33176**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	PEREZ-ALVAREZ, IDALIS ESQ.
STREET ADDRESS	2290 SW 37TH AVE., STE. 302 11430 S.W. 88 St.
CITY-ST-ZIP	MIAMI FL 33145 # 308 Miami, FL 33176
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 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	
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 exemptions contained in Section 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:  **3/1/06** **(305) 4431597**

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