


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90033 002 ***150.00

DOCUMENT # P02000015036 1. Entity Name ALVAR, INC.					
Principal Place of Business 11005 WHITEHAWK STREET PLANTATION FL 33324			Mailing Address C/O M.K. SUMMITT, ESQ P.O BOX 23817 FORT LAUDERDALE FL 33307		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>Service</i> c/o South Broward Accounting Suite, Apt. #, etc. 1152 N. University Dr. Ste 202			
City & State		City & State Pembroke Pines, FL		4. FEI Number APPLIED FOR 87-0698002	
Zip		Zip 33024		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SUMMITT, MARILYN K ESQ. 4501 WEST MCNAB ROAD SUITE 15 POMPANO BEACH FL 33069			7. Name and Address of New Registered Agent Name M. K. SUMMITT, Esq. Street Address (P.O. Box Number is Not Acceptable) 475 N.E. 50th TERRACE City Miami FL Zip Code 33137		
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 <i>M K Summitt Esq</i> 3/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DS	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MILLER, JOHN E			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 11005 WHITEHAWK STREET			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP PLANTATION FL 33324			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PROFITT, SHAWN R			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 609 BROOKFIELD PLACE			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP APOPKA FL 32712			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <input type="checkbox"/> Delete			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <input type="checkbox"/> Delete			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS <input type="checkbox"/> Delete			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <input type="checkbox"/> Delete			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: <i>[Signature]</i> April 12, 2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					