


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90357 012 \*\*\*150.00

DOCUMENT # P02000015036			
1. Entity Name ALVAR, INC.			
Principal Place of Business 11005 WHITEHAWK STREET PLANTATION, FL 33324		Mailing Address C/O SOUTH BROWARD ACCOUNTING SERVICES 1152 N. UNIVERSITY DR STE 202 PEMBROKE PINES, FL 33024	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUMMITT, M. K. ESQ. 475 NE 50TH TERR MIAMI, FL 33137		Name <b>M. KAY LEWIS, ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>LEWIS LAW OFFICE, P.A.</b> <b>475 N.E. 50<sup>th</sup> Ter</b> City <b>MIAMI, FL</b> FL Zip Code <b>33137</b>	
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. Kay Lewis, Esq.</i>		DATE: <i>JAN. 11, 2005</i>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DS MILLER, JOHN E 11005 WHITEHAWK STREET PLANTATION, FL 33324 <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	DP PROFIT, SHAWN R 609 BROOKFIELD PLACE APOPKA, FL 32712 <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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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>John Miller</i>		DATE: <i>APRIL 15, 2005</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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01112005 Chg-P CR2E034 (10/03)

4. FEI Number 87-0698002 Applied For Not Applicable

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