


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000062141</b> 1. Entity Name ALVERTEX INVESTMENTS, INC.	
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Principal Place of Business 7825 FAIRVIEW DR BLDG #25 STE 101 TAMARAC, FL 33321	Mailing Address 7825 FAIRVIEW DR BLDG #25 STE 101 TAMARAC, FL 33321
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**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0703348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
PESTANO, ANTOLIN JR  
7758 NW 44 STREET  
SUNRISE, FL 33351

**DO NOT WRITE  
IN THIS SPACE**

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   1/26/04  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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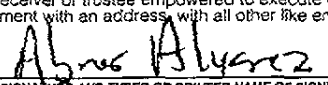
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALVAREZ, ABNER 7825 FAIRVIEW DR BLDG #25 STE 101 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALVAREZ, HAROLD 612 W PETERSON AVE APT 309 CHICAGO, IL 60613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000018281  
01/28/04-80131-001 150.00

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IN THIS SPACE**

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:  VP 1/26/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #