

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90195 032 \*\*\*150.00

<b>DOCUMENT # P02000074669</b>					
<b>1. Entity Name</b> ALIVICGER, CORP.					
<b>Principal Place of Business</b> 13805 SW 90TH AVENUE SUITE G-201 MIAMI FL 33176 US			<b>Mailing Address</b> 13805 SW 90TH AVENUE SUITE G-201 MIAMI FL 33176 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 05-0524811 <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable                 </div>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MAZZA-MARTINEZ, MA. TANIA A 780 NW 42 AVE, SUITE 420 MIAMI FL 33126			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> GAMBOA, VICTOR G		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 13805 SW 90TH AVENUE #G-201					
<b>CITY-ST-ZIP</b> MIAMI FL 33176					
<b>TITLE</b> D	<b>NAME</b> LAGUNA, ANGELA J		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 13805 SW 90TH AVENUE # G-201					
<b>CITY-ST-ZIP</b> MIAMI FL 33176					
<b>TITLE</b> 	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>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.</b>					
<b>SIGNATURE:</b> <i>Victor H Gamboa</i> <b>VICTOR H GAMBOA (P)</b> 5/11/04 (786) 498 3485 <div style="display: flex; justify-content: space-between; font-size: small;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> <span>Daytime Phone #</span> </div>					