


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90005 022 ***150.00

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DOCUMENT # P02000096656			
1. Entity Name ALVS CONSULTING LIMITED, INC.			
Principal Place of Business 1800 ATLANTIC BLVD. #201 KEY WEST, FL 33040		Mailing Address 1800 ATLANTIC BLVD. #201 KEY WEST, FL 33040	
2. Principal Place of Business 1800 ATLANTIC BLVD Suite, Apt. #, etc. # 205		3. Mailing Address 1800 ATLANTIC BLVD Suite, Apt. #, etc. # 205	
City & State KEY WEST FL.		City & State KEY WEST FL.	
Zip 33040	Country MONROE	Zip 33040	Country MONROE
4. FEI Number 41-1659062		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN SLYKE, ALAN 1800 ATLANTIC BLVD. #201 KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name: ALAN VAN SLYKE Street Address (P.O. Box Number is Not Acceptable) 1800 ATLANTIC BLVD #201 City: KEY WEST FL Zip Code: 33040	
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>Alan Van Slyke</i> DATE: 3/2/04 <small>Signature, typed or printed name of registered agent and 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		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	D VAN SLYKE, ALAN 1800 ATLANTIC BLVD. #201 KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN SLYKE, ALAN 1800 ATLANTIC BLVD. #205 KEY WEST, FL 33040 <input checked="" 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
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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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
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>Alan Van Slyke</i> ALAN VAN SLYKE		Date: 3/1/04 Daytime Phone #: 619 795 9012 305 295 9312	