
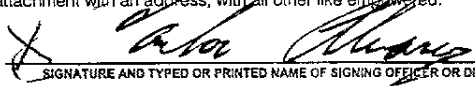


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000133057		
1. Entity Name L & C ALVAREZ CORP.		
Principal Place of Business 12701 SW 76 STREET MIAMI, FL 33183	Mailing Address 12701 SW 76 STREET MIAMI, FL 33183	
DO NOT WRITE IN THIS SPACE		
		01032006 No Chg-P CR2E034 (11/05)
		4. FEI Number 35-2194681
		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 ALVAREZ, CARLOS 12701 SW 76 STREET MIAMI, FL 33183		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		DO NOT WRITE IN THIS SPACE
TITLE	PD	
NAME	ALVAREZ, CARLOS	
STREET ADDRESS	12701 SW 76 STREET	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	STD	
NAME	ALVAREZ, LOURDES	
STREET ADDRESS	12701 SW 76 STREET	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/23/06</u> Daytime Phone # <u>786 251-2333</u>