

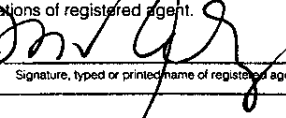
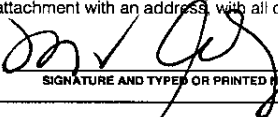


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90063 046 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                                                                                                                             |                                                                       |                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000004956</b><br>1. Entity Name<br><b>MARIA ALVAREZ, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                                                                                                                             |                                                                       |   |  |
| Principal Place of Business<br><b>9006 SW 137TH STREET #F<br/>MIAMI, FL 33176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                                                                                                                             | Mailing Address<br><b>9006 SW 137TH STREET #F<br/>MIAMI, FL 33176</b> |                                                                                    |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                                                                               |                                                                       |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             | City & State                                                                                                                                                                |                                                                       | 01062004    Chg-P    CR2E034 (10/03)                                               |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             | Country                                                                                                                                                                     |                                                                       | 4. FEI Number<br><b>36-4517392</b>                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             | Applied For<br>Not Applicable                                                                                                                                               |                                                                       |                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ALVAREZ, MARIA<br/>9006 SW 137TH STREET #F<br/>MIAMI, FL 33176</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                       |                                                                                    |  |
| 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.<br>SIGNATURE:  DATE: <b>3/18/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                |                                                                             |                                                                                                                                                                             |                                                                       |                                                                                    |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                      |                                                                       |                                                                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                 |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>D<br/>ALVAREZ, MARIA<br/>9006 SW 137TH STREET #F<br/>MIAMI, FL 33176</b> | <input type="checkbox"/> Delete                                                                                                                                             |                                                                       |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                       |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                       |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                       |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                       |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                             | <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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | Date: <b>3/18/04</b> Daytime Phone #: <b>305-596-7494</b>                                                                                                                   |                                                                       |                                                                                    |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                                                                                                                             |                                                                       |                                                                                    |  |