

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90397 002 \*\*\*150.00

**DOCUMENT # P03000022104**

1. Entity Name

ALV NEW RIVER 2, INC.



Principal Place of Business

115 N.W. 167 STREET, SUITE 300  
NORTH MIAMI BEACH FL 33169

Mailing Address

115 N.W. 167 STREET, SUITE 300  
NORTH MIAMI BEACH FL 33169

2. Principal Place of Business

3. Mailing Address

S One SE 3rd Avenue  
C Suite 3100  
Zi Miami, FL 33131

Suite, One SE 3rd Avenue  
City & Suite 3100  
Zip Miami, FL 33131



MOORE CR2E034 (11/03)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRACY, GRANVIL M  
115 N.W. 167 STREET, SUITE 300  
NORTH MIAMI BEACH FL 33169

Name

Street Ad

One SE 3rd Avenue  
Suite 3100

City

Miami, FL 33131

ptable)

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME TRACY, GRANVIL M  
STREET ADDRESS 115 N.W. 167 STREET, SUITE 300  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

TITLE ☒ Change ☐ Addition  
NAME One SE 3rd Avenue  
STREET ADDRESS Suite 3100  
CITY-ST-ZIP Miami, FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Granvil Tracy

4/27/04

305 654-1500