

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000022110

1. Entity Name

ALV ST. JOHNS 1, INC.



**FILED
May 13, 2008 8:00 am
Secretary of State**

05-13-2008 90012 039 ***150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business ONE SE 3RD AVE STE. 3100 MIAMI FL 33131		Mailing Address ONE SE 3RD AVE. STE. 3100 MIAMI FL 33131	
2. Principal Place of Business - No P.O. Box # 800 Brickell Avenue		3. Mailing Address 800 Brickell Avenue	
Suite, Apt. #, etc. Penthouse 1		Suite, Apt. #, etc. Penthouse 1	
City & State Miami		City & State Miami	
Zip FL	Country 33131	Zip FL	Country 33131
6. Name and Address of Current Registered Agent TRACY, GRANCIL M ONE SE 3RD AVE. STE. 3100 MIAMI FL 33131			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800 Brickell Avenue Penthouse 1 City Miami FL Zip Code 33131			

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 nonstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	D TRACY, GRAVIL M ONE SE 3RD AVE, STE. 3100 MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08

Date

Daytime Phone #