


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000030129  
1. Entity Name  
RAFAEL ALVAREZ, JR., INC.



Principal Place of Business      Mailing Address  
1002 SE 12TH TERRACE      1002 SE 12TH TERRACE  
CAPE CORAL, FL 33990      CAPE CORAL, FL 33990

**DO NOT WRITE IN THIS SPACE**



07072005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
01-0623636      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ALVAREZ, RAFAEL  
1002 SE 12TH TERRACE  
CAPE CORAL, FL 33990

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ALVAREZ, RAFAEL
STREET ADDRESS	1002 SE 12TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	D
NAME	ALVAREZ, JUAN CARLOS
STREET ADDRESS	1002 SE 12TH TERRACE, UNIT D
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	D
NAME	ALVAREZ, LEONARDO F
STREET ADDRESS	1002 SE 12TH TERRACE, UNIT D
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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07/12/05-80001-020 150.00

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: Rafael Alvarez      7.7.05      259.878.3486  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #