

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90014 030 ***158.75

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1. Entity Name
FLAVIO ALVES, INC.

Principal Place of Business
**2201 METROPOLITAN WAY
1415
ORLANDO, FL 32839**

Mailing Address
**2201 METROPOLITAN WAY
1415
ORLANDO, FL 32839**

44051935



2. Principal Place of Business
5292 BROOK CT.
Suite, Apt. #, etc.

3. Mailing Address
5292 BROOK CT.
Suite, Apt. #, etc.

07062004 Chg-P CR2E034 (10/03)

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
65-1180691

Applied For
Not Applicable

Zip
32811

Country

Zip
32811

Country

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

6. Name and Address of Current Registered Agent

**ALVES, FLAVIO P.
2201 METROPOLITAN WAY
1415
ORLANDO, FL 32839**

7. Name and Address of New Registered Agent

Name **ALVES, FLAVIO P.**
Street Address (P.O. Box Number is Not Acceptable)
5292 BROOK CT.
City **ORLANDO** FL Zip Code **32839**

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
Due by September 8, 2004**

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 **DPST** ☐ Delete
NAME **ALVES, FLAVIO P**
STREET ADDRESS **2201 METROPOLITAN WAY APT. 1415**
CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
NAME **ALVES, FLAVIO P.**
STREET ADDRESS **5292 BROOK CT.**
CITY-ST-ZIP **ORLANDO FL. 32811**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
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

08/06/04 (407) 383-0436
Date Daytime Phone #