


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000055015	
1. Entity Name ALVAREZ INVESTMENTS OF MIAMI, INC..	

Principal Place of Business 18383 NW 7 ST PEMBROKE PINES, FL 33029 US	Mailing Address 18383 NW 7 ST PEMBROKE PINES, FL 33029 US
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2. Principal Place of Business - No P.O. Box # 821 NW 76 ST Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State Miami FL	City & State	4. FEI Number 14-1883869	Applied For Not Applicable
Zip 33150	Country USA	Zip	Country

12172007 Chg-P CR2E034 (12/06)

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, GUSTAVO 18383 NW 7 ST PEMBROKE PINES, FL 33029,
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7. Name and Address of New Registered Agent Name JOSE M. GARCEL Street Address (P.O. Box Number is Not Acceptable) 821 NW 76 ST City Miami FL Zip Code 33150

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 <u>Jose M. Garcel</u> DATE <u>12-17-07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, GUSTAVO 18383 NW 7 ST PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300113231903 12/18/07--01035--002 ***96.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSE M. GARCEL 821 NW 76 ST MIAMI FL 33150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 another like empowered. SIGNATURE: <u>Jose M. Garcel</u> DATE <u>12-17-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Daytime Phone #
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FILED
07 DEC 18 AM 11:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

