


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90046 023 ***150.00

DOCUMENT # P03000068123	
1. Entity Name VIVIANNE M. ALVAREZ INSURANCE AGENCY INC.	

Principal Place of Business 10538 SW 8TH STREET MIAMI, FL 33174	Mailing Address 10538 SW 8TH STREET MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1062080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALVAREZ, VIVIANNE M
10538 SW 8TH STREET
MIAMI, FL, FL 33174**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALVAREZ, VIVIANNE M 10538 SW 8TH STREET MIAMI, FL 33174
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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 all other like empowered.

SIGNATURE: *Vivianne M. Alvarez*