## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000001785

FILED Mar 19, 2004 Secretary of State

Entity Name: ALVAREZ PAINTING & PRESSURE WASHING INC.

Current Principal Place of Business:		New Principal Place of Business:		
1720 WE TAMPA, F	SSON CIRCLE L 33618 US	_		
Current Mailing Address:		New Mailing Address:		
1720 WE TAMPA, F	SSON CIRCLE L 33618 US			
El Number	20-0593315	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
	MANUEL A SSON CIRCLE	≣		
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「AMPA, F 「he above	L 33618 US		purpose of changing its registere	d office or registered agent, or both,
「AMPA, F 「he above	L 33618 US named entity s e of Florida.		ourpose of changing its registere	d office or registered agent, or both,
AMPA, F he above the State	named entity se of Florida.			d office or registered agent, or both,  Date
AMPA, Fine above the State Sta	named entity se of Florida.  RE: Electror	submits this statement for the		
TAMPA, F The above in the State BIGNATUI	named entity se of Florida.  RE: Electror	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).	ent	
AMPA, F The above the State SIGNATUI Clection Car DFFICER: title: lame: ddress:	named entity se of Florida.  RE: Electror  mpaign Financing	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  Delete JUEL A N CIRCLE	ent	Date
AMPA, For the above on the State SIGNATUI	named entity se of Florida.  RE: Electror mpaign Financing S AND DIREC P () ALVAREZ, MAN 11720 WESSO TAMPA, FL 33	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  ) Delete JUEL A N CIRCLE 618 US  ) Delete JUA C N CIRCLE	ent  ADDITIONS/CHANGI  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA C. ALVAREZ VP 03/19/2004