

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039733

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** MARILYN ALVES & ASSOCIATES, P.A.

**Current Principal Place of Business:**

P.O. BOX 403703  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 403703  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 55-0860120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALVES, MARILYN  
6855 ABBOTT AVE  
201  
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

TAX DEFENS ECENTER  
2350 W 84TH STREET  
#18  
HIALEAH, FL 33016 US

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.

SIGNATURE: ELYSABET MONTANEZ

04/29/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALVES, MARILYN  
Address: P.O. BOX 403703  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARILYN ALVES

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date