

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061671

FILED
Mar 22, 2005
Secretary of State

Entity Name: ALVAREZ MANAGEMENT, INCORPORATED

Current Principal Place of Business:

12295 SOUTHWEST 151 ST
E312
MIAMI, FL 33186 US

New Principal Place of Business:

8433 SW 144 CT
MIAMI, FL 33183 US

Current Mailing Address:

12295 SOUTHWEST 151 ST
E312
MIAMI, FL 33186 US

New Mailing Address:

8433 SW 144 CT
MIAMI, FL 33183 US

FEI Number: 20-0989953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, ANISE V
12295 SOUTHWEST 151 ST.
E312
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

ALVAREZ, ANISE V
8433 SW 144 CT
MIAMI, FL 33183 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: ANISE V. ALVAREZ

03/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ, ANISE V
Address: 12295 SW 151 ST, E312
City-St-Zip: MIAMI, F 33186 US

Title: VP (X) Delete
Name: OWEN, MICHAEL L JR
Address: 12295 SW 151 ST E312
City-St-Zip: MIAMI, FL 33186 US

Title: T (X) Delete
Name: ALVAREZ, EDWARD
Address: 8433 SW 144 CT
City-St-Zip: MIAMI, FL 33183 US

Title: CFO (X) Delete
Name: ALVAREZ, NANCY A
Address: 8433 SW 144 CT
City-St-Zip: MIAMI, FL 33183 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALVAREZ, ANISE V
Address: 8433 SW 144 CT
City-St-Zip: MIAMI, F 33183 US

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

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

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: ANISE V. ALVAREZ

PRES

03/22/2005

Electronic Signature of Signing Officer or Director

Date