

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 10 PM 3:00

DOCUMENT # P04000071971

1. Entity Name
PABLO A. ALVAREZ, P.A.



Principal Place of Business
801 BRICKELL AVENUE
SUITE 2380
MIAMI, FL 33131

Mailing Address
801 BRICKELL AVENUE
SUITE 2380
MIAMI, FL 33131

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02092005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1077581 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ-ABALLI, RAFAEL ESQ.
801 BRICKELL AVENUE
SUITE 2380
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name TTK SERVICE LLC
Street Address (P.O. Box Number is Not Acceptable)
801 BRICKELL AVE. STE. 2380
City Miami FL Zip Code 33131

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 *[Signature]* DR. SANCHEZ - RAFAEL SANCHEZ-ABALLI 4.21.05 DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D, P
NAME ALVAREZ, PABLO A ESQ.
STREET ADDRESS 801 BRICKELL AVENUE, SUITE 2380
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* PABLO ALVAREZ 4/21/05 305-779-5041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #