



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P04000104678 1. Entity Name ALVANT INC.	
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Principal Place of Business 782 NW 42ND AVE. SUITE 630 MIAMI, FL 33126	Mailing Address 782 NW 42ND AVE. SUITE 630 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE

	
02072007	No Chg-P
CR2E034 (11/05)	
4. FEI Number 20-1411021	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

GONZALEZ, ALVARO L
 7370 MONACO ST
 CORAL GABLES, FL 33143

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PS GONZALEZ, ALVARO L 9159 SW 77TH AVE, 101 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GONZALEZ, ANTONIO R 7370 MONACO STREET CORAL GABLES, FL 33143
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03/14/07-80005-014 150.00

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:  **Alvaro Gonzalez** *2/29/07* (305)970-6498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #