
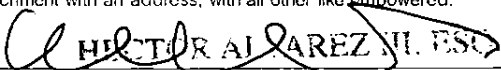


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90049 021 \*\*\*150.00

DOCUMENT # <b>P04000117714</b>			
1. Entity Name <b>HECTOR ALVAREZ III, P.A.</b>			
Principal Place of Business <b>350 MENORES AVENUE CORAL GABLES FL 33134</b>		Mailing Address <b>350 MENORES AVENUE CORAL GABLES FL 33134</b>	
2. Principal Place of Business - No P.O. Box # <b>3211 Ponce de Leon Blvd</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 204</b>		Suite, Apt. #, etc.	
City & State <b>Coral Gables, Florida</b>		City & State	
Zip <b>33134</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>ALVAREZ, HECTOR III 350 MENORES AVENUE CORAL GABLES FL 33134</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State <b>FL</b>		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALVAREZ, HECTOR 350 MENORES AVENUE CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Date: <b>1/30/07</b> 305 774.9797	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



1st MOORE CR2E034 (10/06)

4. FEI Number **20-1677442** Applied For  Not Applicable

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