
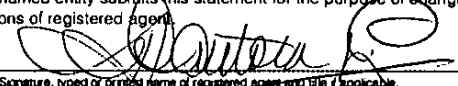
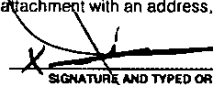


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # P04000156216</b><br>1. Entity Name<br><b>ALVI GOURMET CORPORATION</b>   |   |   |   |                        |  |
| Principal Place of Business<br><b>1058 SOUTHWEST 1ST STREET<br/>MIAMI, FL 33130</b>   |   |   | Mailing Address<br><b>1058 SOUTHWEST 1ST STREET<br/>MIAMI, FL 33130</b>   |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |   |  |
| City & State  |   | City & State  |   |   |  |
| Zip   | Country   | Zip   | Country   | 4. FEI Number<br><b>20-1932204</b>  |  |
|   |   |   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FLORIDA ANNUAL REPORT SERVICE, INC.<br/>2300 CORAL WAY<br/>SUITE 200<br/>MIAMI, FL 33145</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   | <b>ANADA CARRERA LOPEZ</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |   | <b>3/22/05</b><br><small>DATE</small>   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                       |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>ALVAREZ, RICARDO<br>14115 SW 66TH ST UNIT 11<br>MIAMI, FL 33183 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | STD<br>VITON, MARISELA<br>14115 SW 66TH ST UNIT 11<br>MIAMI, FL 33183 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
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| 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. |   |   |   |   |  |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | <b>02/14/05</b><br><small>Date</small>  |   |  |
| <b>RICARDO ALVAREZ, PRESIDENT</b>   |   |   |   |   |  |

FILED

05 APR -4 PM 12: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1932204** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICE, INC.  
2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
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10. OFFICERS AND DIRECTORS

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CITY - ST - ZIP  
PD  
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MIAMI, FL 33183

☐ Delete

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STREET ADDRESS  
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☐ Change ☐ Addition

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NAME  
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STD  
VITON, MARISELA  
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**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/14/05**

Date

Daytime Phone #

**RICARDO ALVAREZ, PRESIDENT**