


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000034362</b>	
1. Entity Name KAREN S. ALVAREZ, P.A.	

Principal Place of Business 1350 NE 102ND STREET MIAMI SHORES, FL 33138	Mailing Address 1350 NE 102ND STREET MIAMI SHORES, FL 33138
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**DO NOT WRITE IN THIS SPACE**



05042007	No Chg-P	CR2E034 (11/05)
4. FEI Number 20-2436042	Applied For Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ALVAREZ, KAREN S  
 1350 NE 102ND STREET  
 MIAMI SHORES, FL 33138

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV ALVAREZ, KAREN S 1350 NE 102ND STREET MIAMI SHORES, FL 33138
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05/29/07-80032-013 158.75

**DO NOT WRITE IN THIS SPACE**

**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:** *Karen S. Alvarez* **KAREN S. ALVAREZ** *5/4/07* **305-505-1286**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #