

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90342 012 \*\*\*150.00

**DOCUMENT # P05000048977**



1. Entity Name  
**YURI ALVAREZ CORP.**

Principal Place of Business  
**18114 SW 153RD PL  
MIAMI, FL 33187**

Mailing Address  
**18114 SW 153RD PL  
MIAMI, FL 33187**



2. Principal Place of Business  
**15830 S.W. 252 ST.**

3. Mailing Address  
**15830 S.W. 252 ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212006 Chg-P CR2E034 (11/05)

City & State  
**HOMESTEAD**

City & State  
**HOMESTEAD, FL**

4. FEI Number  
**84-1675859**

Applied For  
Not Applicable

Zip  
**33031**

Country  
**MIAMI-DADE**

Zip  
**33031**

Country  
**MIAMI-DADE**

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

**ALVAREZ, YURI O  
18114 SW 153RD PL  
MIAMI, FL 33187**

Name  
**YURI O. ALVAREZ**

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

**15830 S.W. 252 ST.**

City  
**HOMESTEAD**

FL

Zip Code  
**33031**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 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  
**P  
ALVAREZ, YURI O  
18114 SW 153RD PL  
MIAMI, FL 33187** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ALVAREZ, YURI O  
15830 S.W. 252 ST  
HOMESTEAD, FL 33031** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
ALVAREZ, VERIELEN  
18114 SW 153RD PL  
MIAMI, FL 33187** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
ALVAREZ, VERIELEN  
15830 S.W. 252 ST  
HOMESTEAD, FL 33031** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
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TITLE  
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☐ Change ☐ Addition

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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-01-06 (305) 283-7956