

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90057 017 ***158.75

DOCUMENT # P05000049695

1. Entity Name
ALVAREZ YARD MAINTENANCE, INC.



Principal Place of Business
**4373 N BROWNING DR
WEST PALM BEACH, FL 33406**

Mailing Address
**POB 7211
WEST PALM BEACH, FL 33405**

40065184



2. Principal Place of Business - No P.O. Box #
3735 COLLINWOOD LN
Suite, Apt. #, etc.

3. Mailing Address
3735 COLLINWOOD LN
Suite, Apt. #, etc.

01152007 Chg-P CR2E034 (12/06)

City & State
WPB

City & State
WEST PALM BEACH

4. FEI Number
65-0574163

Applied For
Not Applicable

Zip
33406

Country
PALM BEACH

Zip
33406

Country
PALM BEACH

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

**MARTINEZ, YANDRY
5191 JACZKO LANE, APT. #E
WEST PALM BEACH, FL 33415**

Name

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

3735 COLLINWOOD LN

City
WEST PALM BEACH

FL

Zip Code
33406

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 **X**

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

(NOTE: Registered Agent signature required when reinstating)

3-30-07

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MARTINEZ, YANDRY
4373 N BROWNING DR
WEST PALM BEACH, FL 33406**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
YANDRY MARTINEZ
3735 COLLINWOOD LN
WPB, FL 33406**

☒ Change ☐ Addition
ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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: **X** **Yandry Martinez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

Date

Daytime Phone #