

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90068 031 \*\*\*150.00

**DOCUMENT # P06000128455**



1. Entity Name

ALVAREZ LANDSCAPING GROUP, INC.

Principal Place of Business

4611 S UNIVERSITY DR #215  
DAVIE FL 33328

Mailing Address

4611 S UNIVERSITY DR #215  
DAVIE FL 33328



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

*Same*

City & State

3. Mailing Address

Suite, Apt. #, etc.

*Same*

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number

*20-5219139*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JUAN C  
4791 SW 82ND AVE LOT 46  
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name

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

*Same*

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ALVAREZ, JUAN C  
STREET ADDRESS 4791 SW 82ND AVE LOT 46  
CITY - ST - ZIP DAVIE FL 33328

TITLE D ☐ Delete  
NAME ALVAREZ, AGRIPINA  
STREET ADDRESS 4791 SW 82ND AVE LOT 46  
CITY - ST - ZIP DAVIE FL 33328

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*march 9-07 954-297-6082*

Date

Daytime Phone #