## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000006935

Entity Name: ALVAREZ FORKLIFT REPAIRS, INC.

FILED Jan 18, 2011 Secretary of State

| Current Principal Place of Business:                      |                                 | New Principal Place of Business:   |   |  |
|---|---------------------------------|------------------------------------|---|--|
| 1435 NW 195 STREET<br>MIAMI, FL 33169                     |                                 |                                    |   |  |
| Current Mailing Address:                                  |                                 | New Mailing Address:               |   |  |
| 1435 NW 195 STREET<br>MIAMI, FL 33169                     |                                 |                                    |   |  |
| FEI Number: 20-8216407                                    | FEI Number Applied For ( )      | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent:             |                                 | Name and Address of                | Name and Address of New Registered Agent: |  |
| ALVAREZ, RAUL<br>1435 NW 195 STREET<br>MIAMI, FL 33169 US |                                 |                                    |   |  |
| The above named entity so<br>n the State of Florida.      | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both,    |  |
| SIGNATURE:  |                                 |                                    |   |  |
| Electroni   | c Signature of Registered Age   | ent                                | Date                                      |  |

## **OFFICERS AND DIRECTORS:**

Title:

 Name:
 ALVAREZ, RAUL

 Address:
 1435 NW 195 STREET

 City-St-Zip:
 MIAMI, FL 33169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAUL ALVAREZ PD 01/18/2011