

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90249 009 \*\*\*150.00

<b>DOCUMENT # P07000028125</b> 1. Entity Name <b>RACHEL M. ALVAREZ, P.A.</b>			
Principal Place of Business <b>7205 CURRY FORD RD SUITE 1 ORLANDO, FL 32822</b>		Mailing Address <b>7205 CURRY FORD RD SUITE 1 ORLANDO, FL 32822</b>	
2. Principal Place of Business - No P.O. Box # <b>4162 Edgewater Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>4162 Edgewater Dr</b> Suite, Apt. #, etc.	
City & State <b>Orlando, FL 3</b> Zip <b>32804</b> Country <b>USA</b>		City & State <b>Orlando, FL</b> Zip <b>32804</b> Country <b>USA</b>	
4. FEI Number <b>208508127</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ALVAREZ, RACHEL M 7205 CURRY FORD RD SUITE 1 ORLANDO, FL 32822</b>		7. Name and Address of New Registered Agent Name <b>Rachel M. Alvarez</b> Street Address (P.O. Box Number is Not Acceptable) <b>4162 Edgewater Dr</b> City <b>Orlando, FL</b> Zip Code <b>32804</b>	
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  DATE <b>4/28/08</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALVAREZ, RACHEL M PO BOX 678262 ORLANDO, FL 32867</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Alvarez, Rachel M 4162 Edgewater Dr Orlando, FL 32817</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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 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:		Date <b>4/28/08</b> Daytime Phone #	