

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000000313					
1. Entity Name ALVAREZ PLAZA, INC.					
Principal Place of Business 10700 N. W. 25TH STREET 2 S BISCAYNE BLVD. 3400 1 BISCAYNE TO MIAMI FL 33172 US			Mailing Address 10700 NW 25TH STREET MIAMI FL 33172 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FCI Number 65-0380700 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent HERNANDEZ-TORANO, JORGE SUITE 3400, ONE BISCAYNE TOWER TWO S. BISCAYNE BLVD. MIAMI FL 33131-1897			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ (NOTE: Registered Agent signature required when revalidating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALVAREZ, JOSE		NAME	U00000430824	
STREET ADDRESS	12000 NW 5TH ST		STREET ADDRESS	02/23/06-80003-016 150.00	
CITY- ST- ZIP	MIAMI FL		CITY- ST- ZIP		
TITLE	VSTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALVAREZ, MARCIA		NAME		
STREET ADDRESS	12000 NW 5TH ST		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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 another like empowered.					
SIGNATURE: _____			Feb 8. 06 (305) 594-3514		