

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 01, 2007 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 TOWER
MIAMI, FL 33172 US**

Mailing Address
**10700 NW 25TH STREET
MIAMI, FL 33172 US**

DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0380700

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ-TORANO, JORGE
SUITE 3400, ONE BISCAYNE TOWER
TWO S. BISCAYNE BLVD.
MIAMI, FL 33131-1897**

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IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PD ALVAREZ, JOSE
STREET ADDRESS	12000 NW 5TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE NAME	VSTD ALVAREZ, MARCIA
STREET ADDRESS	12000 NW 5TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000615400
02/06/07-80069-022 150.00

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IN THIS SPACE**

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: _____

FILE-29-07 (305) 599 3514