

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90027 037 \*\*\*158.75

**DOCUMENT # P95000015442**

1. Entity Name

ALVAREZ COMPUTER CONSULTING, INC.



Principal Place of Business

10457 SOUTHERN BLVD  
ROYAL PALM BCH FL 33411  
US

Mailing Address

10457 SOUTHERN BLVD  
ROYAL PALM BCH FL 33411  
US

2. Principal Place of Business

250 S. BRIDGE STREET

Suite, Apt. #, etc.

SUITE A

3. Mailing Address

250 S. BRIDGE STREET

Suite, Apt. #, etc.

SUITE A



MOORE

CR2E034 (11/03)

City & State

LABELLE FLORIDA

City & State

LABELLE, FLORIDA

4. FEI Number

65-0556714

Applied For

Not Applicable

Zip

33935

Country

USA

Zip

33935

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, MICHELE M  
16244 E. AQUADUCT DR.  
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name

MICHELE M. ALVAREZ

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

5260 RIVER BLOSSOM LANE

City

ALVA

FL

Zip Code

33920

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

*Michele M. Alvarez*

MICHELE M. ALVAREZ - PRESIDENT 2/4/04

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, 2004 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 P ☐ Delete  
NAME ALVAREZ, MICHELE M.  
STREET ADDRESS 16244 E. AQUADUCT DRIVE  
CITY-ST-ZIP LOXAHATCHEE FL

TITLE VP ☐ Delete  
NAME ALVAREZ, ANTONIO  
STREET ADDRESS 16244 E. AQUADUCT DRIVE  
CITY-ST-ZIP LOXAHATCHEE FL

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 PRESIDENT ☒ Change ☐ Addition  
NAME ALVAREZ, MICHELE M.  
STREET ADDRESS 5260 RIVER BLOSSOM LANE  
CITY-ST-ZIP ALVA, FLORIDA 33920

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
NAME ALVAREZ, ANTONIO  
STREET ADDRESS 5260 RIVER BLOSSOM LANE  
CITY-ST-ZIP ALVA FLORIDA 33920

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

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

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

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 exemption stated in Section 119.07(3)(i), 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:

*Michele M. Alvarez*

MICHELE M. ALVAREZ - PRESIDENT 863 675-2702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #