

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90020 008 ***150.00

DOCUMENT # P97000105424 1. Entity Name V.J. ALVAREZ & ASSOCIATES, P.A.																																																																																																																																			
Principal Place of Business 4230 SOUTH MACDILL AVENUE SUITE F TAMPA, FL 33611			Mailing Address P.O. BOX 10858 TAMPA, FL 33679-0858 US																																																																																																																																
2. Principal Place of Business - No P.O. Box # 1202 N. Armenia Ave Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																
City & State Tampa, FL			City & State																																																																																																																																
Zip 33607		Country USA		4. FEI Number 59-3486517																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent ALVAREZ, VICTORIA J 4230 SOUTH MACDILL AVENUE SUITE F TAMPA, FL 33611			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1202 N. Armenia Ave City Tampa FL Zip Code 33607																																																																																																																																
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 <u><i>Victoria J. Alvarez</i></u> Reg. Agent <u><i>3/13/08</i></u> <small>Signature, typed or printed name of registered agent, and date (Typed or printed name of registered agent required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00																																																																																																																																			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> DP ALVAREZ, VICTORIA J 4230 S. MACDILL AVE, STE F TAMPA, FL 33611 </td> <td style="width: 20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> DP Victoria J. Alvarez 1202 N. 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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: <u><i>Victoria J. Alvarez</i></u> Pres. <u><i>3/13/08</i></u> (813) 835-1955 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			