

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000059744**

1. Entity Name  
**ALVNOR CO.**



Principal Place of Business  
**3600 N.W. 37 COURT  
MIAMI, FL 33142 US**

Mailing Address  
**3600 N.W. 37 COURT  
MIAMI, FL 33142 US**



01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GOMEZ, ALVARO  
3600 N.W. 37 COURT  
MIAMI, FL 33142**

**DO NOT WRITE  
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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-5-07**

**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 PD  
NAME GOMEZ, ALVARO  
STREET ADDRESS 3600 N.W. 37TH COURT  
CITY-ST-ZIP MIAMI, FL 33147

TITLE D  
NAME CORREDOR, NORA  
STREET ADDRESS 3600 NW 37 COURT  
CITY-ST-ZIP MIAMI, FL 33142

TITLE D  
NAME MUELA, ALEJANDRO  
STREET ADDRESS 3600 NW 37 COURT  
CITY-ST-ZIP MIAMI, FL 33142

TITLE D  
NAME MUELA, ADRIAN  
STREET ADDRESS 3600 NW 37 COURT  
CITY-ST-ZIP MIAMI, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000705214  
04/23/07-80041-009 300.00

**DO NOT WRITE  
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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-05-07**