

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 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



03192008 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, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000298766
04/28/08-80010-021 150.00

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

**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 _____

Typed Name and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

4-9-08