

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90173 015 ***150.00

DOCUMENT # P99000011471

1. Entity Name
ALVARZA INC.



Principal Place of Business
**7386 N.W. 35TH TERRACE
MIAMI, FL 33122**

Mailing Address
**PO BOX 432044
MIAMI, FL 33243**

24071793



2. Principal Place of Business
7925 NW 12TH STREET

3. Mailing Address
7925 NW 12TH STREET

Suite, Apt. #, etc.
SUITE 407

Suite, Apt. #, etc.
SUITE 407

05032004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-0896843

Applied For
Not Applicable

Zip
33126

Country
USA

Zip
33126

Country
USA

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

6. Name and Address of Current Registered Agent

**NOBO-ALVAREZ, RAQUEL M
7386 N.W. 35TH TERRACE
MIAMI, FL 33122**

7. Name and Address of New Registered Agent

Name
RAQUEL M NOBO-ALVAREZ
Street Address (P.O. Box Number is Not Acceptable)
7925 NW 12TH STREET
SUITE 407
City
MIAMI **FL** Zip Code
33126

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

Raque M Nobo

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PTD ☐ Delete
NAME
ALVAREZ, IVAN E
STREET ADDRESS
P.O. BOX 432044
CITY-ST-ZIP
MIAMI, FL 33243

TITLE
VPSD ☐ Delete
NAME
NOBO-ALVAREZ, RAQUEL M
STREET ADDRESS
P.O. BOX 432044
CITY-ST-ZIP
MIAMI, FL 33243

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PTD ☒ Change ☐ Addition
NAME
IVAN E. ALVAREZ
STREET ADDRESS
P.O. BOX 431336
CITY-ST-ZIP
MIAMI, FL 33243

TITLE
VPSD ☒ Change ☐ Addition
NAME
RAQUEL M. NOBO-ALVAREZ
STREET ADDRESS
P.O. BOX 431336
CITY-ST-ZIP
MIAMI, FL 33243

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

Raque M Nobo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #