

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90025 029 \*\*\*150.00

**DOCUMENT # P99000018486**

1. Entity Name

LAW OFFICES OF ALVAREZ & ALVAREZ-ZANE, P.A.



Principal Place of Business

Mailing Address

~~198 NORTH DOUGLAS RD~~  
~~FIRST FLOOR~~  
~~MIAMI FL 33125~~

~~198 NORTH DOUGLAS RD~~  
~~FIRST FLOOR~~  
~~MIAMI FL 33125~~

**54033122**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

5040 NW 7th Street

3. Mailing Address

5040 NW 7th Street

Suite, Apt. #, etc.

Suite 490

Suite, Apt. #, etc.

Suite 490

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0898356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

33126

Country

USA

Zip

33126

Country

USA

6. Name and Address of Current Registered Agent

ALVAREZ, AMADO A  
~~198 NORTH DOUGLAS RD~~  
~~FIRST FLOOR~~  
~~MIAMI FL 33125~~

7. Name and Address of New Registered Agent

Name

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

5040 NW 7th Street

Suite 490

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

*Amado Alan Alvarez*, REGISTERED AGENT

3/30/04

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 PD ☐ Delete  
NAME ALVAREZ, AMADO ALAN  
STREET ADDRESS 198 N DOUGLAS RD 1ST FLOOR  
CITY-ST-ZIP MIAMI FL 33125

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5040 N.W. 7th Street, Suite 490  
CITY-ST-ZIP Miami, Florida 33126

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

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

TITLE ☐ Change ☐ Addition  
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Amado Alan Alvarez*

3/30/04

(305) 271-1097