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Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90237 028 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000026224

1. Entity Name
SECURALVA INTERNATIONAL, INC.

94074823

Principal Place of Business	Mailing Address
7693 WEST 29 LANE #201 HIALEAH, FL 33018	7693 WEST 29 LANE #201 HIALEAH, FL 33018

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2461 W 76 St	SAME
Suite, Apt. #, etc. #207	Suite, Apt. #, etc.
City & State HIALEAH	City & State
Zip 33016 Country USA	Zip Country

4. FEI Number 65-0902813 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALVARDO, JUAN A
7693 WEST 29 LANE
#201
HIALEAH, FL 33018

7. Name and Address of New Registered Agent

Name ALVARADO JUAN C.
Street Address (P.O. Box Number is Not Acceptable) 2461 W 76 St #207
City HIALEAH FL Zip Code 33016

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVARADO, JUAN C 2885 W. 70TH STREET #100 HIALEAH, FL 33018	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alvarado Juan C. 2461 W 76 St #207 HIALEAH FL 33016	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: ____________________ 04/27/04 (305) 821-3405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #