

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90373 049 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000091347 1. Entity Name ALVAKIRK, INC.				40074310	
Principal Place of Business 3735 TURTLE RUN BLVD. #1928 CORAL SPRINGS, FL 33067		Mailing Address 3735 TURTLE RUN BLVD. #1928 CORAL SPRINGS, FL 33067			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5933 W Hillsboro Blvd #141			
City & State 		City & State PARKLAND, FLA			
Zip 		Zip 33067			
Country 		Country BROWARD		4. FCI Number 65-0954992	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARTIN, ALBERT 3735 TURTLE RUN BLVD. #1928 CORAL SPRINGS, FL 33067			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 must appear on this filing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MARTIN, ALBERT 3735 TURTLE RUN BLVD. #1928 CORAL SPRINGS, FL 33067		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
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.					
SIGNATURE: <u><i>Albert Martin</i></u> 4/27/06 954 666 8990 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					