

2007 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90033 010 ***150.00

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1. Entity Name

ALEGALLOLA, S.A.



Principal Place of Business

300 ARAGON AVENUE, STE 205-210
CORAL GABLES FL 33134

Mailing Address

300 ARAGON AVENUE, STE 205-210
CORAL GABLES FL 33134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 98-0033423

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, STE 300
CORAL GABLES FL 33134

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 required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete
NAME PAIZ, GUILLERMO
STREET ADDRESS 1A AVENIDA 40-70 ZONA 11, MONTE MARIA II
CITY-ST-ZIP CIUDAD GUATEMALA

TITLE VD ☒ Delete
NAME BRIZ-DE-BOTRAN, BLANCA-R.
STREET ADDRESS 1A AVENIDA 16-44, ZONA 14
CITY-ST-ZIP CIUDAD GUATEMALA

TITLE TD ☒ Delete
NAME BONIFASI, JAIME
STREET ADDRESS 1A AVENIDA 5-07 ZONA 1
CITY-ST-ZIP CIUDAD GUATEMALA

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

Secretary-Director ☐ Change ☒ Addition
NAME Luisa F. Paiz de Maselli
STREET ADDRESS 1A Avenida 40-70 Zona 11 Monte Maria II
CITY-ST-ZIP Ciudad Guatemala, Guatemala

Treasurer-Director ☐ Change ☒ Addition
NAME Guillermo Paiz Bonifasi
STREET ADDRESS 1A Avenida 40-70 Zona 11 Monte Maria II
CITY-ST-ZIP Ciudad Guatemala, Guatemala

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

1/30/07 (305) 441-7904

Daytime Phone #