


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005769	
1. Entity Name ALMA FINANCIAL ASSISTANCE CORP.	

Principal Place of Business 700 BANYAN TRAIL, SUITE 200 BOCA RATON, FL 33431	Mailing Address 700 BANYAN TRAIL, SUITE 200 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 47-0863848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LARREA, ALBERTO
700 BANYAN TRAIL, SUITE 200
BOCA RATON, FL 33431**

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LARREA, ALBERTO 12143 FOREST GREENS DRIVE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SANDOVAL, RUBEN 9994 NW 56TH PLACE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DERLLY, RUBEN 10510 LAKE VISTA CIRCLE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, JORGE 7991 W. 15TH LANE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WLADIMIRSKI, ISRAEL 22384 THOUSAND PINES LANE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U00000381504
01/11/06-80057-010 70.00

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 617, 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:  **RUBEN SANDOVAL** 1-6-2006 (567) 981-9041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **XT 3650**