

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005769

FILED  
Jan 05, 2010  
Secretary of State

Entity Name: ALMA FINANCIAL ASSISTANCE CORP.

**Current Principal Place of Business:**

1701 W. HILLSBORO BLVD. SUITE 402  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9603  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 47-0863848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LARREA, ALBERTO  
1701 W. HILLSBORO BLVD. SUITE 402  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LARREA, ALBERTO  
Address: 1701 W HILLSBORO BLVD STE 402  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: VP  
Name: SANDOVAL, RUBEN  
Address: 1701 W HILLSBORO BLVD STE 402  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D  
Name: RIVERA, MAYRA  
Address: 359 AVE SAN CLAUDIO STE 322  
City-St-Zip: SAN JUAN, PR 00926 US

Title: D  
Name: ADORNO, ELIZABETH  
Address: 359 AVE SAN CLAUDIO STE 322  
City-St-Zip: SAN JUAN, PR 00926 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALBERTO LARREA

P

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date