

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000003799

1. Entity Name
THE ALAE FOUNDATION, INC.



Principal Place of Business
1500 MIAMI CENTER, 201 S BISCAYNE BLVD
MIAMI, FL 33131

Mailing Address
1500 MIAMI CENTER, 201 S BISCAYNE BLVD
MIAMI, FL 33131



03042008 No Chg-NP

CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4668464

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD
SUITE 1800 (JCD)
MIAMI, FL 33131

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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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ARELLANO, ANA LAURA
STREET ADDRESS 805 OCEAN DRIVE APT 5L
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE D
NAME DE ARELLANO, JORGE
STREET ADDRESS 35 SW 57TH AVE
CITY-ST-ZIP OCALA, FL 34474

TITLE D
NAME FANJUL, MARIETTA
STREET ADDRESS 805 OCEAN DR APT 5M
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000949548
06/03/08-80032-015 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana Laura Arellano

May 1/08
Daytime Phone #