

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000116174

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** THE ADVISORS ALLIANCE, INC.

**Current Principal Place of Business:**

4613 N UNIVERSITY DR  
SUITE 237  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

4613 N UNIVERSITY DR  
SUITE 237  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

**FEI Number:** 05-0557695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOMBROW, ALLAN B  
4613 N UNIVERSITY DR  
SUITE 237  
CORAL SPRINGS, FL 33067 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: PSDT  
Name: DOMBROW, ALLAN B  
Address: 4613 N UNIVERSITY DR #237  
City-St-Zip: CORAL SPRINGS, FL 33067 FL

Title: DVP  
Name: PEREL DE AREVALO, YINI  
Address: 9496 BOCA RIVER CIRCLE  
City-St-Zip: BOCA RATON, FL 33434 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLAN B. DOMBROW

P

04/30/2012

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

\_\_\_\_\_ Date