

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005769

Entity Name: ALMA FINANCIAL ASSISTANCE CORP.**Current Principal Place of Business:**1701 W. HILLSBORO BLVD. SUITE 307
DEERFIELD BEACH, FL 33442**Current Mailing Address:**P.O. BOX 9603
DEERFIELD BEACH, FL 33442**FEI Number: 47-0863848****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LARREA, ALBERTO
1701 W. HILLSBORO BLVD. SUITE 307
DEERFIELD BEACH, FL 33442 US*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**Officer/Director Detail :**

Title	P
Name	LARREA, ALBERTO
Address	1701 W HILLSBORO BLVD STE 307
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	DIRECTOR
Name	LOPEZ DE VICTORIA, MARILYN
Address	1779 HOLTON RD
City-State-Zip:	LAKELAND FL 33810

Title	VP
Name	SANDOVAL, RUBEN
Address	1701 W HILLSBORO BLVD STE 307
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	DIRECTOR
Name	RIOS, MARIA E
Address	349 AVE FERLISA R DE GAUTIER STE 201
City-State-Zip:	SAN JUAN PUERTO RICO 00926

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: M. ALBERTO LARREA**PRESIDENT****03/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date