

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004192

**Entity Name:** ALEGALLOLA, S.A.

**Current Principal Place of Business:**

3934 SW 8TH STREET  
SUTIE 303  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3934 SW 8TH STREET  
SUTIE 303  
CORAL GABLES, FL 33134

**FEI Number:** 98-0033423

**Certificate of Status Desired:** No

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

GABLES PROFESSIONAL REALTY  
300 ARAGON AVENUE  
SUITE 210  
CORAL GABLES, FL 33134 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            PCD  
Name            PAIZ, GUILLERMO  
Address        1A AVENIDA 40-70 ZONA 11, MONTE  
                  MARIA II  
City-State-Zip: CIUDAD GUATAMELA

Title            SD  
Name            DE MASSELLI, LUISO F. PAIZ  
Address        1A AVENIDA 40-70 ZONALL MONTE  
                  MARIALL  
City-State-Zip: CIUDAD GUATAMELA

Title            TD  
Name            BONIFAST, GUILLERMO P  
Address        1A AVENIDA 40-70 ZONALL MONTE  
                  MARIALL  
City-State-Zip: CIUDAD GUATEMALA

*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:** GUILLERMO PAIZ

**PRESIDENT**

**03/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date