

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003997

**Entity Name:** ALIANZA (DE), INC.

**Current Principal Place of Business:**

1064 S NORTH COUNTY BLVD  
SUITE 500  
PLEASANT GROVE, UT 84062

**Current Mailing Address:**

1064 S NORTH COUNTY BLVD  
SUITE 500  
PLEASANT GROVE, UT 84062 US

**FEI Number:** 04-3818230

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST., SUITE 4  
TALLAHASSEE, FL 32301 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 DIRECTOR, SECRETARY  
Name BEUTLER, BRIAN  
Address 1064 S NORTH COUNTY BLVD  
SUITE 500  
City-State-Zip: PLEASANT GROVE UT 84062

Title DIRECTOR  
Name PETTY, SCOTT  
Address 1064 S NORTH COUNTY BLVD  
SUITE 500  
City-State-Zip: PLEASANT GROVE UT 84062

Title DIRECTOR  
Name SMITH, BRIAN  
Address 1064 S NORTH COUNTY BLVD  
SUITE 500  
City-State-Zip: PLEASANT GROVE UT 84062

Title DIRECTOR  
Name HOSKINS, DAN  
Address 1064 S NORTH COUNTY BLVD  
SUITE 500  
City-State-Zip: PLEASANT GROVE UT 84062

Title DIRECTOR  
Name PETERSON, CLARK  
Address 1064 S NORTH COUNTY BLVD  
SUITE 500  
City-State-Zip: PLEASANT GROVE UT 84062

*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: BRIAN BEUTLER**

**SECRETARY**

**02/24/2022**

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

\_\_\_\_\_  
Date