

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 368686

FILED
Apr 14, 2006
Secretary of State

Entity Name: ALOGA CORPORATION OF FLORIDA

Current Principal Place of Business:

C/O HOWARD B. EMORY
9100 S. DADELAND BLVD. #910
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 361450
SAN JUAN, PR 00936 US

New Mailing Address:

FEI Number: 59-1315017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMORY, HOWARD B
9100 S. DADELAND BLVD.
SUITE #910
MIAMI, FL 33156 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: GALAN F. MANUEL V.,
Address: PO BOX 361450
City-St-Zip: SAN JUAN, PR 009361450

Title: TD () Delete
Name: DE GALAN,ALICIA RIES, GO
Address: PO BOX 361450
City-St-Zip: SAN JUAN, PR 009361450

Title: PD () Delete
Name: CARBALLEIRA DE LOPEZ, MARIA ROSA
Address: PO BOX 361450
City-St-Zip: SAN JUAN, PR 009361450

Title: VD () Delete
Name: LOPEZ, RAMON
Address: PO BOX 361450
City-St-Zip: SAN JUAN, PR 009361450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: GALAN F., MANUEL V
Address: PO BOX 361450
City-St-Zip: SAN JUAN, PR 009361450 US

Title: TD (X) Change () Addition
Name: RIESGO DE GALAN, ALICIA
Address: PO BOX 361450
City-St-Zip: SAN JUAN, PR 009361450 US

Title: PD (X) Change () Addition
Name: CARBALLEIRA DE LOPEZ, MARIA ROSA
Address: PO BOX 361450
City-St-Zip: SAN JUAN, PR 009361450 US

Title: VD (X) Change () Addition
Name: LOPEZ, RAMON
Address: PO BOX 361450
City-St-Zip: SAN JUAN, PR 009361450 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAMON LOPEZ

VD

04/14/2006

Electronic Signature of Signing Officer or Director

_____ Date