

# 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