

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 368686

FILED  
Apr 16, 2010  
Secretary of State

**Entity Name:** ALOGA CORPORATION OF FLORIDA

**Current Principal Place of Business:**

519 S.W. 11 AVENUE  
MIAMI, FL 33129 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:**

REAL ESTATE SERVICES OF SOUTH FLORIDA, INC  
12880 S.W. 63 COURT  
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  
**Name:** GALAN F., MANUEL V  
**Address:** PO BOX 361450  
**City-St-Zip:** SAN JUAN, PR 009361450 US

**Title:** TD  
**Name:** RIESGO DE GALAN, ALICIA  
**Address:** PO BOX 361450  
**City-St-Zip:** SAN JUAN, PR 009361450 US

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

**Title:** VD  
**Name:** LOPEZ, RAMON  
**Address:** PO BOX 361450  
**City-St-Zip:** SAN JUAN, PR 009361450 US

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:** RAMON LOPEZ

VP

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date