

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90154 010 ***150.00

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1. Entity Name

ALEGALLOLA, S.A.



Principal Place of Business

300 ARAGON AVENUE, STE 205
CORAL GABLES FL 33134

Mailing Address

300 ARAGON AVENUE, STE 205
CORAL GABLES FL 33134

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

98-0033423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, STE 300
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	☐ Delete
NAME	PAIZ, GUILLERMO	
STREET ADDRESS	1A AVENIDA 40-70 ZONA 11, MONTE MARIA II	
CITY-STATE-ZIP	CIUDAD GUATEMALA	
TITLE	SD	☐ Delete
NAME	DE MASSELLI, LUISO F. PAIZ	
STREET ADDRESS	1A AVENIDA 40-70 ZONALL MONTE MARIALL	
CITY-STATE-ZIP	CIUDAD GUATEMALA	
TITLE	TD	☐ Delete
NAME	BONI PAIZ, GUILLERMO PAIZ	
STREET ADDRESS	1A AVENIDA 40-70 ZONALL MONTE MARIALL	
CITY-STATE-ZIP	CIUDAD GUATEMALA	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☒ Change ☐ Addition
NAME	BONI PAIZ, GUILLERMO PAIZ
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/14/08 (305) 441-7904