2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004192

Entity Name: ALEGALLOLA, S.A.

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
300 ARAGON AVENUE, STE 205 SUTIE 210 CORAL GABLES, FL 33134				300 ARAGON AVENUE, SUTIE 210 CORAL GABLES, FL 33134		
Current Mailing Address:				New Mailing Address:		
300 ARAGON AVENUE, STE 205 SUTIE 210 CORAL GABLES, FL 33134			300 ARAGON AVENUE, SUTIE 210 CORAL GABLES, FL 33134			
FEI Number:	98-0033423	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ARAZOZA & FERNANDEZ-FRAGA, P.A. 2100 SALZEDO STREET, STE 300 CORAL GABLES, FL 33134 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	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PAIZ, GUILLEF	0-70 ZONA 11, MONTE MARIA II		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DE MASSELLI) Delete , LUISO F. PAIZ 0-70 ZONALL MONTE MARIALL AMELA,		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	BONIFAST, GL	0-70 ZONALL MONTE MARIALL		Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: GUILLERMO PAIZ PCD 03/26/2009