

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004192

FILED
Mar 26, 2009
Secretary of State

Entity Name: ALEGALLOLA, S.A.

Current Principal Place of Business:

300 ARAGON AVENUE, STE 205
SUTIE 210
CORAL GABLES, FL 33134

New Principal Place of Business:

300 ARAGON AVENUE,
SUTIE 210
CORAL GABLES, FL 33134

Current Mailing Address:

300 ARAGON AVENUE, STE 205
SUTIE 210
CORAL GABLES, FL 33134

New Mailing Address:

300 ARAGON AVENUE,
SUTIE 210
CORAL GABLES, FL 33134

FEI Number: 98-0033423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, STE 300
CORAL GABLES, FL 33134 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: PCD () Delete
Name: PAIZ, GUILLERMO
Address: 1A AVENIDA 40-70 ZONA 11, MONTE MARIA II
City-St-Zip: CIUDAD GUATEMELA,

Title: SD () Delete
Name: DE MASSELLI, LUISO F. PAIZ
Address: 1A AVENIDA 40-70 ZONALL MONTE MARIALL
City-St-Zip: CIUDAD GUATEMELA,

Title: TD () Delete
Name: BONIFAST, GUILLERMO P
Address: 1A AVENIDA 40-70 ZONALL MONTE MARIALL
City-St-Zip: CIUDAD GUATEMALA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date