


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000005769 1. Entity Name ALMA FINANCIAL ASSISTANCE CORP.	
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Principal Place of Business 700 BANYAN TRAIL, SUITE 200 BOCA RATON, FL 33431	Mailing Address 700 BANYAN TRAIL, SUITE 200 BOCA RATON, FL 33431
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04112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0863848	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LARREA, ALBERTO 700 BANYAN TRAIL, SUITE 200 BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARREA, ALBERTO 12143 FOREST GREENS DRIVE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDOVAL, RUBEN 9994 NW 56TH PLACE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERLLY, RUBEN 10510 LAKE VISTA CIRCLE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JORGE 7991 W. 15TH LANE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WLADIMIRSKI, ISRAEL 22384 THOUSAND PINES LANE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000305251
04/14/05-80074-022 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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

ALBERTO LARREA

04/07/2005

Date

(561) 981-1386

Daytime Phone #