

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005769

FILED
Jan 25, 2007
Secretary of State

Entity Name: ALMA FINANCIAL ASSISTANCE CORP.

Current Principal Place of Business:

1701 W. HILLSBORO BLVD. SUITE 402
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1701 W. HILLSBORO BLVD. SUITE 402
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 47-0863848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LARREA, ALBERTO
700 BANYAN TRAIL, SUITE 200
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

LARREA, ALBERTO
1701 W. HILLSBORO BLVD. SUITE 402
DEERFIELD BEACH, FL 33442 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:

01/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LARREA, ALBERTO
Address: 12143 FOREST GREENS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V () Delete
Name: SANDOVAL, RUBEN
Address: 9994 NW 56TH PLACE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: DERLLY, RUBEN
Address: 10510 LAKE VISTA CIRCLE
City-St-Zip: BOCA RATON, FL 33498

Title: D () Delete
Name: RODRIGUEZ, JORGE
Address: 7991 W. 15TH LANE
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: WLADIMIRSKI, ISRAEL
Address: 22384 THOUSAND PINES LANE
City-St-Zip: BOCA RATON, FL 33428

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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN SANDOVAL

V

01/25/2007

Electronic Signature of Signing Officer or Director

Date