


**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90055 012 \*\*\*\*75.00

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N02000009043</b> 1. Entity Name <b>ALEVRO INC. ROMANIAN EVANGELICAL ALLIANCE OF FLORIDA.</b>	
--	---

40023663

Principal Place of Business <b>1811 ARTHUR ST HOLLYWOOD, FL 33020</b>	Mailing Address <b>1811 ARTHUR ST HOLLYWOOD, FL 33020</b>
--	--



**DO NOT WRITE IN THIS SPACE**

01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>57-1142624</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---

<b>6. Name and Address of Current Registered Agent</b>  <b>PEANA, ION 324 SE 10 ST APT 403 DANIA BEACH, FL 33004</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP PEANA, ION 324 SE 10 ST APT 403 DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HUSAR, MIRCEA 2990 TULIP DR COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT PALINCAS, VASILE 1630 VAN BUREN ST HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ion Peana  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb-25-2006  
Date

954-920-2525  
Daytime Phone #