

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009043

FILED
Jan 24, 2009
Secretary of State

Entity Name: ALEVRO INC. ROMANIAN EVANGELICAL ALLIANCE OF FLORIDA.

Current Principal Place of Business:

1811 ARTHUR ST
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1811 ARTHUR ST
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 57-1142624 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PEANA, ION
324 SE 10 ST APT 403
DANIA BEACH, FL 33004 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

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: PEANA, ION
Address: 324 SE 10 ST APT 403
City-St-Zip: DANIA BEACH, FL 33004

Title: TS () Delete
Name: HUSAR, MIRCEA
Address: 2990 TULIP DR
City-St-Zip: COOPER CITY, FL 33026

Title: TT () Delete
Name: PALINCAS, VASILE
Address: 1630 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: TT (X) Delete
Name: VASILE, PALINCAS
Address: 366 E. MAIN STREET #C
City-St-Zip: ROCK HILL, SC 29730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TT (X) Change () Addition
Name: PALINCAS, VASILE
Address: 266 E. MAIN STREET #C
City-St-Zip: ROCK HILL, SC 29720

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

SIGNATURE: PEANA ION

TP

01/24/2009

Electronic Signature of Signing Officer or Director

Date