

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# N05000005886

Entity Name: EL ALMA HISPANA INC.

Current Principal Place of Business:

617 SEA PINE WAY
C1
GREENACRES, FL 33415

New Principal Place of Business:

Current Mailing Address:

617 SEA PINE WAY
C1
GREENACRES, FL 33415

New Mailing Address:

FEI Number: 20-2957665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLEGO, M. ALMA
617 SEA PINE WAY
C1
GREENACRES, FL 33415 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: D,P () Delete
Name: GALLEGO, M. ALMA
Address: 617 SEA PINE WAY APT. C1
City-St-Zip: GREENACRES, FL 33415

Title: DVP () Delete
Name: GIRALDO, MARIO
Address: 1224 N. M. STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: D,T () Delete
Name: VASQUEZ, ISABEL
Address: 4670 PORTOFINO WAY APT 19-02
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D,S () Delete
Name: PORTILLO, NAYADE
Address: 4670 PORTOFINO WAY APT 19-02
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D,T (X) Change () Addition
Name: MCLEAN, LILIANA
Address: 2650 S. MILITARY TRAIL S#7
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D,S (X) Change () Addition
Name: ROBLES, SOLEDAD
Address: 12475 WESTHAMPTON
City-St-Zip: WELLINGTON, FL 33414

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: M. ALMA GALLEGO

D,P

02/19/2008

Electronic Signature of Signing Officer or Director

_____ Date