

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005886

FILED  
Apr 20, 2011  
Secretary of State

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, 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: DP  
Name: GALLEGO, M. ALMA  
Address: 617 SEA PINE WAY APT. C1  
City-St-Zip: GREENACRES, FL 33415

Title: DS  
Name: SANCHEZ, MARINA  
Address: 1212 MULBERRY PL  
City-St-Zip: WELLINGTON, FL 33414

Title: DT  
Name: MCLEAN, LILIANA  
Address: 4892 PIMLICO CT  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: DV  
Name: KONDO, LILY  
Address: 17978 71ST LANE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DA  
Name: OROZCO, JOHN  
Address: 4114 NORTHLAKE BLVD STE 2  
City-St-Zip: PALM BEACH GARDES, FL 33410

Title: DR  
Name: ANEIRO, JUAN C  
Address: 2658 SAWYER TER  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: LILIANA MCLEAN

DT

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date