

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005886

FILED
Feb 16, 2012
Secretary of State

Entity Name: EL ALMA HISPANA INC.

Current Principal Place of Business:

617 SEA PINE WAY
C1
GREENACRES, FL 33415

Current Mailing Address:

617 SEA PINE WAY
C1
GREENACRES, FL 33415

New Principal Place of Business:

617 SEA PINE WAY
C1
GREENACRES, FL 33415 US

New Mailing Address:

617 SEA PINE WAY
C1
GREENACRES, FL 33415 US

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 US

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

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

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

Title: DA
Name: AREIZA, VIVIANA
Address: 2953 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: DR
Name: LOPEZ, JAVIER C
Address: 4860 BONANZA RD
City-St-Zip: LAKE WORTH, FL 33467 US

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: ALMA GALLEGO

DP

02/16/2012

Electronic Signature of Signing Officer or Director

Date