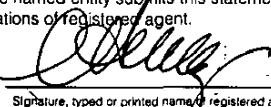
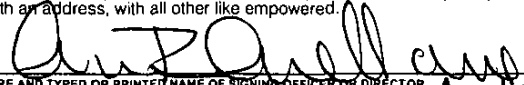


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90078 043 ****61.25

DOCUMENT # N06000003799 1. Entity Name THE ALAE FOUNDATION, INC.					
Principal Place of Business 1500 MIAMI CENTER, 201 S BISCAYNE BLVD MIAMI, FL 33131			Mailing Address 1500 MIAMI CENTER, 201 S BISCAYNE BLVD MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04202007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-4668464				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIBBS, JEAN-CHARLES 201 SOUTH BISCAYNE BLVD SUITE 1500 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Corporation Company of Miami Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd. Suite 1600 (JCD) City Miami FL 33131		
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  Felicia Hickey, Asst Secy of CCOM 4/30/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARELLANO, ANA LAURA 605 OCEAN DRIVE APT 5L KEY BISCAYNE, FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ARELLANO, JORGE 35 SW 57TH AVE OCALA, FL 34474	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANJUL, MARIETTA 605 OCEAN DR APT 5M KEY BISCAYNE, FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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:  4-30-07 305-379-9192 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					