## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000011504

FILED Mar 10, 2009 Secretary of State

Entity Name: ALLIANCE OF LATIN-AMERICAN PROFESSIONALS, INC.

Current Principal Place of Business:				New Principal Place of Business:			
	ILLAGE GREE LUCIE, FL 34						
Current Mailing Address:				New Mailing Address:			
	ILLAGE GREE LUCIE, FL 34						
FEI Number:	35-2317356	FEI Number Applied For ( )	FEI Num	nber Not Appl	icable ( )	Certificate of Status Des	sired ( )
Name and	Address of (	Current Registered Agent:		Name and	Address of	New Registered Agen	t:
PORT ST.	ILLAGE GREE LUCIE, FL 34	1952 US					
	named entity e of Florida.	submits this statement for the	purpose of	f changing i	ts registered	l office or registered age	nt, or both,
SIGNATUR	RE:						
	Electro	nic Signature of Registered A	gent			Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	IS/CHANGE	S TO OFFICERS AND I	DIRECTORS:
Title: Name: Address: City-St-Zip:	PEREZ, JUAN	AGE GREEN DRIVE		Title: Name: Address: City-St-Zip:	1	()Change ()Addition	
Title: Name: Address: City-St-Zip:	HURATDO, MA	AGE GREEN DRIVE		Title: Name: Address: City-St-Zip:	VALBUENA, I 1666 SE VILI	(X) Change ( ) Addition FERNANDO LAGE GREEN DRIVE JCIE, FL 34952	
Title: Name: Address: City-St-Zip:	MUNOZ-QUINT	AGE GREEN DRIVE		Title: Name: Address: City-St-Zip:	MARTINEZ, N 1666 SE VILI	(X) Change ( ) Addition WAURICE LAGE GREEN DRIVE JCIE, FL 34952	
Title: Name: Address: City-St-Zip:	COLINA, HAYL	AGE GREEN DRIVE		Title: Name: Address: City-St-Zip:	SANCHEZ, JI 1666 SE VILI	(X) Change ()Addition UAN G LAGE GREEN DRIVE JCIE, FL 34952	
Title: Name: Address: City-St-Zip:	VALBUENA, FE	AGE GREEN DRIVE		Title: Name: Address: City-St-Zip:	MARTINEZ, A 1666 SE VILI	(X) Change ()Addition NA LAGE GREEN DRIVE JCIE, FL 34952	
Title: Name: Address: City-St-Zip:	VELASCO, CL	AGE GREEN DRIVE		Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition	

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: MAURICE MARTINEZ T 03/10/2009