

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011504

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2400 SE VETERAN'S MEMORIAL PKWY STE 100  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

2400 SE VETERAN'S MEMORIAL PKWY STE 100  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 35-2317356

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, JUAN  
1666 SE VILLAGE GREEN DRIVE  
PORT ST. LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

PEREZ, JUAN  
8433 S US HWY 1  
PORT ST. LUCIE, FL 34952 US

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

01/06/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PEREZ, JUAN G  
Address: 8433 S US HWY 1  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: V  
Name: SANCHEZ, JUAN G  
Address: 8433 S US HWY 1  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: T  
Name: MARTINEZ, MAURICE  
Address: 8433 S US HWY 1  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: MAURICE MARTINEZ

T

01/06/2011

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

\_\_\_\_\_  
Date