

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010372

FILED
Aug 12, 2009
Secretary of State

Entity Name: THE ALLIANCE THEATRE LAB, INC

Current Principal Place of Business:

15133 SW 142 CT
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

15133 SW 142 CT
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 20-1727247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRIAN PRZYSTUP AND ASSOCIATES LLC
275 NE 18TH STREET
#310
MIAMI, FL 33132 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: P () Delete
Name: ACEVEDO, ADALBERTO J
Address: 15133 SW 142 CT
City-St-Zip: MIAMI, FL 33186 US

Title: VP () Delete
Name: FERNANDEZ, MIGUEL
Address: 1085 NE 89TH ST.
City-St-Zip: MIAMI, FL 33138 US

Title: S () Delete
Name: WILMERDING, ALEXANDER
Address: 1085 NE 89TH ST.
City-St-Zip: MIAMI, FL 33138 US

Title: T () Delete
Name: REIFF, TRAVIS
Address: 1750 N 17TH CT., #111
City-St-Zip: HOLLYWOOD, FL 33020 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ADALBERTO ACEVEDO

P

08/12/2009

Electronic Signature of Signing Officer or Director

Date