## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000010453

Entity Name: ALIANZA MEXICANA CORP

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2801 N DALE MABRY HWY 5203 23RD ST W

1208 BRADENTON, FL 34207 TAMPA, FL 34677

Current Mailing Address: New Mailing Address:

2801 N DALE MABRY HWY 5203 23RD ST W

1208 BRADENTON, FL 34207

TAMPA, FL 34677

FEI Number: 26-3715738 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

COLIN, LORENA I
2901 N DALE MABRY HWY
COLIN, LORENA I
5203 23RD ST W

1208 BRADENTON, FL 34207 US

TAMPA, FL 34607 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: LORENA COLIN 01/16/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 COLIN, LORENA
 Name:
 COLIN, LORENA

 Address:
 2801 N DALE MABRY HWY-1208
 Address:
 5203 23RD ST W

City-St-Zip: TAMPA, FL 34607 City-St-Zip: BRADENTON, FL 34207

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: COLIN, ADRIAN Name: COLIN, ALELI

 Address:
 3661 MERIDEN AVE A
 Address:
 5203 23RD ST W

 City-St-Zip:
 OLDSMAR, FL 34677
 City-St-Zip:
 BRADENTON, FL 34207

Title: S () Delete Title: S (X) Change () Addition

 Name:
 COLIN, ANDRES
 Name:
 RAYL, PAOLA

 Address:
 1208 N DALE MABRY HWY 1208
 Address:
 5203 23RD ST W

 City-St-Zip:
 TAMPA, FL 34607
 City-St-Zip:
 BRADENTON, FL 34207

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 COLIN, ALELI C
 Name:

 Address:
 2801 N DALE MABRY HWY 1208
 Address:

 City-St-Zip:
 TAMPA, FL 34607
 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: LORENA COLIN P 01/16/2009