

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003305

FILED
Mar 31, 2009
Secretary of State

Entity Name: ALYANS ATIZAY AYISYEN, INC.

Current Principal Place of Business:

225 N.E. 59 STREET
MIAMI, FL 33137

New Principal Place of Business:

225 N.E. 59 STREET
MIAMI, FL 331372111

Current Mailing Address:

5040 BISCAYNE BLVD.
MIAMI, FL 33137

New Mailing Address:

225 N.E. 59TH STREET
MIAMI, FL 331372111

FEI Number: 65-0511150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKINS, NATHANIEL ED
225 NE 59TH ST
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

DUVAL, EDOUARD
225 N.E. 59 STREET
MIAMI, FL 331372111 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: EDOUARD DUVAL

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIREILLE GONZALEZ,
Address: 5040 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: VP () Delete
Name: DUVAL CARRIE, EDOUARD
Address: 3717 ROYAL PALM AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: MOUNVES, MELISSA
Address: 8847 EMERSON AVE
City-St-Zip: MIAMI BEACH, FL 33154

Title: S (X) Delete
Name: COLON, YVES
Address: 8842 EMERSON AVE
City-St-Zip: MIAMI BEACH, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLON, YVES
Address: 8847 EMMERSON AVENUE
City-St-Zip: MIAMI BEACH, FL 331541313

Title: ST (X) Change () Addition
Name: KLAREICH, KATHIE
Address: 280 GREENWOOD DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP (X) Change () Addition
Name: DENIS, JEAN MARIE
Address: 5919 N.E SECOND AVENUE
City-St-Zip: MIAMI, FL 33137

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: YVES COLON

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date