2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/1

FILED
Aug 24, 2005 8:00 am
Secretary of State

07-19-2005 90038 010 ***150.00

DOCUMENT #. P00000013810

1. Entity Name: ALEGRIA, INC c/o VALENCIA
7161 SW 117 AVE
MIAMI, FL 33183

66026330

Principal Place of Business: AS ABOVE

Mailing Address:
Martin A. Drutz, Accountant
8966 S.W. 87 Ct., Suite 12-A
Miami, FL 33176

2. Principal Place of Business: AS ABOVE
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address: AS ABOVE
Suite, Apt. #, etc.
City & State
Zip | Country

1st MOORE CR2E034 (10/04)

4. FEI Number: 65-1093507 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARCO A. VALENCIA
7161 SW 117 AVE
MIAMI, FL 33183

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Marco A Valencia P. 7/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	MARCO A. VALENCIA	
STREET ADDRESS	AS ABOVE	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marco A Valencia P. MARCO A VALENCIA PRESIDENT 7-4-05 305-595-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #