

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036310

Entity Name: ALAJAVAL INC.

FILED
Mar 03, 2007
Secretary of State

Current Principal Place of Business:

725 CRANDON BLVD.
304
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

725 CRANDON BLVD.
304
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 64-3585640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, CESAR
260 CRANDON BLVD #14
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

VALDES, PATRICIA
725 CRANDON BLVD 304
KEY BISCAYNE, FL 33149 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: PATRICIA VALDES

03/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPS () Delete
Name: VALDES, PATRICIA
Address: 725 CRANDON BLVD.#304
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: VALDES, PATRICIA
Address: 725 CRANDON BLVD.#304
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA VALDES

D

03/03/2007

Electronic Signature of Signing Officer or Director

Date