

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042748

Entity Name: ALLIANCE PREMIER, INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

822 SOUTH ALFRED STREET
B
ALEXANDERIA, VA 22314

New Principal Place of Business:

Current Mailing Address:

822 SOUTH ALFRED STREET
B
ALEXANDERIA, VA 22314

New Mailing Address:

FEI Number: 65-1099203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUILLEN, MANUEL
328 MAJORCA AVE #5
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

VITERI, XAVIER A
6721 SW 69 TERRRACE
MIAMI, FL 33143 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: XAVIER VITERI

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPES, PAULO J
Address: 822 SOUTH ALFRED STREET
City-St-Zip: ALEXANDERIA, VA 22314

Title: VD (X) Delete
Name: GUILLEN, MANUEL
Address: 328 MAJORCA AVE #5
City-St-Zip: CORAL GABLES, FL 33134

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 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 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: PAULO J LOPES

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date