## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P01000074465

1. Entity Name

ALANA DE LA GARZA, INC.



Principal Place of Business

1732 CANTERBURY CIR. CASSELBERRY, FL 32707 Mailing Address

1127 S PATRICK DR

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SATELLITE BEACH, FL 32937

## FÎLED Feb 18, 2004 08:00 AM Secretary of State



01242004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3732095

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FRANCO, WILLIAM 1127 S PATRICK DR SUITE 3 SATELLITE BEACH, FL 32937			DO NOT WRITE IN THIS SPACE		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered			d Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	čing 🔲	\$5.00 May Be Added to Fees	U00000055726 02/18/04-80016-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PULLEN, ALANA 1732 CANTERBURY CIR. CASSELBERRY, FL 32707	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5 · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, , , , , , , , , , , , , , , , , , ,	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE Name Street address City-St-ZIP					

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR