

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90033 012 ***150.00

DOCUMENT # P02000097057

1. Entity Name

ALIANZA MARTIANA, INC.



Principal Place of Business

Mailing Address

~~3017 N.W. 7TH STREET~~
MIAMI FL 33125

~~3017 N.W. 7TH STREET~~
MIAMI FL 33125

2. Principal Place of Business

3009 NW 7th STREET

3. Mailing Address

3009 NW 7th STREET

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33125

Country

USA

Zip

33125

Country

USA

4. FEI Number

65-1097534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESNICK, MAX
3017 N.W. 7TH STREET
MIAMI FL 33125

Name

LESNIK, MAX

Street Address (P.O. Box Number is Not Acceptable)

3009 NW 7th STREET

City

MIAMI

FL

Zip Code

33125

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 Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DON, ERNEST A	
STREET ADDRESS	3017 NW 7 ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RUIZ, LORENZO S	
STREET ADDRESS	3017 NW 7 ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLL, RAMON	
STREET ADDRESS	3017 NW 7 ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESNICK, MAX	
STREET ADDRESS	3017 NW 7 ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morales, Harold	
STREET ADDRESS	3009 NW 7 St	
CITY-ST-ZIP	Miami, Fl 33125	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vilallonga, Pedro	
STREET ADDRESS	3009 NW 7 St.	
CITY-ST-ZIP	Miami, Fl 33125	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coll, Ramon	
STREET ADDRESS	3009 NW 7 St	
CITY-ST-ZIP	Miami, Fl 33125	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lesnik, Max	
STREET ADDRESS	3009 NW 7 St	
CITY-ST-ZIP	Miami, Fl 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-04 (305) 643-5481
Date Daytime Phone #