

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000097057

1. Entity Name
ALIANZA MARTIANA, INC.



Principal Place of Business
3009 NW 7TH STREET
MIAMI, FL 33125

Mailing Address
3009 NW 7TH STREET
MIAMI, FL 33125

FILED
Apr 19, 2005 08:00 AM
Secretary of State



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

LESNICK, MAX
3009 NW 7TH STREET
MIAMI, FL 33125

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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 Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORALES, HAROLD
STREET ADDRESS 3009 NW 7 ST.
CITY-ST-ZIP MIAMI, FL 33125

TITLE S
NAME VILALLOMGA, PEDRO
STREET ADDRESS 3009 NW 7 ST.
CITY-ST-ZIP MIAMI, FL 33125

TITLE TD
NAME COLL, RAMON
STREET ADDRESS 3017 NW 7 ST
CITY-ST-ZIP MIAMI, FL 33125

TITLE D
NAME LESNICK, MAX
STREET ADDRESS 3017 NW 7 ST
CITY-ST-ZIP MIAMI, FL 33125

TITLE TD
NAME CELL, RAMON
STREET ADDRESS 3009 NW 7 ST
CITY-ST-ZIP MIAMI, FL 33125

TITLE D
NAME LESNIK, MAX
STREET ADDRESS 3009 NW 7 ST
CITY-ST-ZIP MIAMI, FL 33125

U00000315980
04/19/05-80055-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/19/05 (305) 3030486

Date

Daytime Phone #