2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-04-2006 90513 001 *1,411.25
P03000006150

FILED
06 MAY 26 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000006150

1. Entity Name
ALAPLANA USA CORP.

Principal Place of Business	Mailing Address
1114 S DOUGLAS RD, #6 MIAMI, FL 33134	1114 S DOUGLAS RD, #6 MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
76-0722791
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AGRAMUNT, LUIS
1114 S DOUGLAS RD, #6
MIAMI, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOZALBO MORENO, JOSE M
STREET ADDRESS	1114 S DOUGLAS RD, #6
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	D
NAME	GOZALBO MORENO, SANTIAGO
STREET ADDRESS	1114 S DOUGLAS RD, #6
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JOSE GOZALBO (POA) 04/15/2006 (305) 448-2730
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #