

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P03000006150 1. Entity Name ALAPLANA USA CORP.	
--	---

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

DO NOT WRITE IN THIS SPACE

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


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	

5. Name and Address of Current Registered Agent

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

**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.

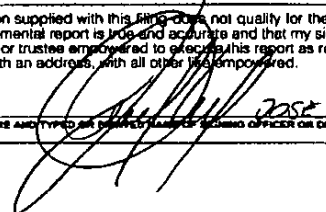
SIGNATURE _____ (NOTE: Registered Agent signature required when renaming) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOZALBO MORENO, JOSE M 1114 S DOUGLAS RD, #6 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOZALBO MORENO, SANTIAGO 1114 S DOUGLAS RD, #6 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 fees empowered.

SIGNATURE:  JOSE GOZALBO (POA) 04/15/2006 (305) 448-2730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #