2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000102211

1. Entity Name
NEW ALLIANCE ENERGY CORP



FILED Feb 14, 2005 8:00 am Secretary of State 02-14-2005 90067 012 ***150.00

| SUTH FLOOR MIAMI, FL 33131 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. Jorge Galvez-Priego, Esq. Jorge Galvez- | NEW ALL | IANCE ENERGY CORP. | | | | | | | | |
|--|----------------------------------|---|--|-------------------------------------|--------------------------------|--|--|--------------|----------------------|-----------------------|
| 2655 LE FUNK ROAD | C/O JORGE G 888 BRICKEL | ALVEZ-PRIEGO, P.A. L AVENUE - 5TH FLOOR | C/O JORGE GALVEZ-PRIEGO, P.A. 888 BRICKELL AVENUE - 5TH FLOOR | | <u>.</u> | | 61H \$1811 861H 861H 861H | 45U 55U5 45V | | |
| SUITE 309 P.O. BOX 941147 OT 25005 CORAL GABLES, FLORIDA MIANI, FLORIDA COUNTY DESTRICT ADDRESS OF COUNTY DESTRICT ADDRESS DESTRIC | | | - | • | | | | | | |
| CORAL GABLES, FLORIDA MAIN, FLORIDA Country 33194 US S. Certificate of Status Desired S. F. Certificate of Status Desired S. F. Certificate of Status Desired S. Certificate S. Certificate of Status Desired | | #, etc. | 1 ' ' | | | 01252005 | Chg-P | CR2E03 | 4 (10/03) | |
| Section State Section State Section State Section State Section Se | | | | | | 4. FEI Number | | | <u> </u> | |
| Name JORGE GALVEZ-PRIEGO, JORGE ESQ. Sas BRICKELL AVENUE FIFTH FLOOR Sure 1 Address P.O. Box Number is Not Acceptable) | | 1 ' | | | | 5. Certificate of | f Status Desired | | | |
| GALVEZ-PRIEGO, JORGE ESQ. Sincer ADVEST. PRIEGO, P.A. Sincer ADVEST. PRI | | 6. Name and Address of Current R | egistered Agent | | | 7. Name and | Address of New Re | gistered A | gent | |
| See BRICKELL AVENUE FIFTH FLOOR MIAMI, FL 33131 Suttre 309 City CORAL GABLES FL Zip Code 31344 8. The above named entity submits this statement for the purpose of changing its registered ordice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Jorge Galvez-Priego, Esq. SIGNATURE SURMALIF, FEE IS \$150.00 After May 1, 2005 Fee with the \$550.00 9. Election Comparign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE ENRICO O. GIANCARLO ROBIN SIREFADDRESS BREITADRESS BREITAD | 0411/57.0 | 0,500 10505 500 | | Nam | Name JORGE GALVEZ-PRIEGO, P.A. | | | | | |
| SUITE 309 City CORAL GABLES FL Zip Cord | 888 BRICKELL AVENUE | | | | | | | | | |
| B. The above named entity susmits this statement for the purpose of changing its registered allere or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Jorge Galvez-Priego, Esq. | FIFTH FLOOR MIAMI, FL 33131 | | | | SUITE 3 | 09 | | | | |
| Jorge Galvez-Priego, Esq. | | | | City | CORAL | ORAL GABLES | | | FL Zip Code 33134 | |
| | | | the purpose of changing its | registered offic | ce or register | ed agent, or both | , in the State of Flori | ida. I am fa | amiliar with, a | and accept |
| FILE NOWIII. FEE IS \$150.00 After May, 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTLE ENRICO O. GIANCARLO ROBIN SIREET ADDRESS SIREET ADDRESS OCHY-ST-2P MIAMI, FL 33131 TITLE D Debte MITE OCHANGES SHEET ADDRESS OCHY-ST-2P MIAMI, FL 33131 TITLE D CAROL ANN POHLDKA DE LAFFE SIREET ADDRESS OCHY-ST-2P MIAMI, FL 33131 TITLE D CAROL ANN POHLDKA DE LAFFE SIREET ADDRESS SIREET ADDRESS OCHY-ST-2P MIAMI, FL 33131 TITLE D CAROL ANN POHLDKA DE LAFFE SIREET ADDRESS S | Jorge Galvez-Priego, Esg. 1/28/0 | | | | | | | | | |
| ### STREET ADDRESS COTY-ST-2IP MIAMI, FL 33131 TITLE D | SIGNATURE | | nd little if applicable. (NOT | E: Registered Agent s | signature required | when reinstating) | | DATE | / _ | -, |
| ITILE PSD | | E NOW!!!. FEE IS \$150.00 | | - | | | | | - · • | ·- <u>-</u> - · · · |
| NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 CITY-ST-ZIP MIAMI, FL 33131 CORAL GABLES, FLORIDA 33134 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 CO | 10. | OFFICERS AND I | DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OFFIC | CERS AND | DIRECTORS | IN 11 |
| STREET ADDRESS 888 BRICKELL AVENUE 5TH FLOOR Delete TITLE D | TITLE | | ☐ Delete | TITLE | | *4 | | | 🗹 Change | ☐ Addition |
| CITY-ST-ZIP MIAMI, FL 33131 CITY ST-ZIP CORAL GABLES, FLORIDA 33134 CITY ST-ZIP JESUS A. ALDAZORO C. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY ST-ZIP CORAL GABLES, FLORIDA 33134 C | NAME | | | | | | | | | |
| TITLE NAME JESUS A. ALDAZORO C. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE D D Delete MIAME STREET ADDRESS ABB BRICKELL AVENUE 5TH FLOOR OIL Delete MIAME STREET ADDRESS ABB BRICKELL AVENUE 5TH FLOOR OIL Delete MIAME STREET ADDRESS ABB BRICKELL AVENUE 5TH FLOOR OIL Delete MIAME STREET ADDRESS ABB BRICKELL AVENUE 5TH FLOOR OIL Delete MIAME STREET ADDRESS ABB BRICKELL AVENUE 5TH FLOOR OIL Delete MIAME STREET ADDRESS OIL DELET OI | | _ | JUR | I ' | | | | | | |
| NAME SIRET ADDRESS CITY-ST-2P MIAMI, FL 33131 Delete D CORAL GABLES, FLORIDA 33134 CITY-ST-2P MIAMI, FL 33131 CITY-ST-2P MIAMI, FL 33131 Delete D CORAL GABLES, FLORIDA 33134 CITY-ST-2P MIAMI, FL 33131 CITY-ST-2P MIAMI, FL 33131 CITY-ST-2P MIAMI, FL 33131 CITY-ST-2P MIAMI, FL 33131 CITY-ST-2P Delete D CORAL GABLES, FLORIDA 33134 CITY-ST-2P MIAMI, FL 33131 CITY-ST-2P Delete D CORAL GABLES, FLORIDA 33134 COR | | | | | - CORA | E GABLEO, I EOI | 104 33134 | | Channe | ☐ Addition |
| CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 TITLE D ALDAZORO, JAIME R SIREET ADDRESS 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131 CITY-ST-ZIP MIAMI, FL 33131 TITLE D CAROL ANN POHUDKA DE LAFFE STREET ADDRESS 2655 LE JEUNE ROAD, STE 309 CORAL GABLES, FLORIDA 33134 TITLE CAROL ANN POHUDKA DE LAFFE STREET ADDRESS 2655 LE JEUNE ROAD, STE 309 CORAL GABLES, FLORIDA 33134 TITLE NAME ANAME ANAME ANAME ANAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME ANAME ANAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 TITLE NAME ANAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 TITLE NAME ANAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 | | • • = | La Delete | | | | | | E Gliange | |
| TITLE NAME ALDAZORO, JAIME R 888 BRICKELL AVENUE 5TH FLOOR CITY-ST-ZIP MIAMI, FL 33131 TITLE D CAROL ANN POHUDKA DE LAFFE 888 BRICKELL AVENUE 5TH FLOOR CITY-ST-ZIP MIAMI, FL 33131 TITLE D CAROL ANN POHUDKA DE LAFFE 888 BRICKELL AVENUE 5TH FLOOR CITY-ST-ZIP MIAMI, FL 33131 TITLE D CAROL ANN POHUDKA DE LAFFE 888 BRICKELL AVENUE 5TH FLOOR CITY-ST-ZIP MIAMI, FL 33131 TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS | 888 BRICKELL AVENUE 5TH FLO | OOR | STREET ADDR | RESS 2655 L | E JEUNE ROAD | STE 309 | | | - 1 |
| NAME STREET ADDRESS CITY-ST-ZIP | CITY-ST-ZIP | MIAMI, FL 33131 | | CITY-ST-ZIP | CORA | L GABLES, FLOI | RIDA 33134 | | | |
| STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP NIAMI, FL 33131 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 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 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE | D | ☐ Delete | TITLE | | | | | ☑ Change | ☐ Addition |
| CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 | | T | | - | | • | | | | |
| TITLE NAME CAROL ANN POHUDKA DE LAFFE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition | | | OOR | | | | | | | ļ |
| NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CAROL ANN POHUDKA DE LAFFE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 CHAPTER CHAPTER CHAPTER STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 CHAPTER | | | —————————————————————————————————————— | | CORA | | RIDA 33134 | - | Change | - Addition |
| STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITYE MIAMI, FL 33131 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 CITY-ST-ZIP CORAL GABLES, | | | | | | ± | . ₽ | | ∠ ! Change | L AUGILION |
| CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FLORIDA 33134 CORAL GABL | STREET ADDRESS | • • | | | RESS 2655 L | E JEUNE ROAD, | STE 309 | | | |
| NAME | CITY-ST-ZIP | MIAMI, FL 33131 | ar <u>2</u> -20 € | CITY-ST-ZIP | CORA | L GABLES, FLÓI | RIDA 33134 | | | |
| STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Addition | MILE - | | Delete | TITLE | | | - - | | ☐ Change | - Addition |
| CRTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | | | | | | | | * | | |
| TITLE Delete TITLE Change Addition NAME STREET ADDRESS City-SI-ZIP CITy-SI-ZIP | | | | | 1 | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | | | ∏ 6-1-4- | | | | | | Change | Addition |
| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | | | □ Delete | | | | | | — спапде | T Macanda |
| | STREET ADDRESS | | • | | RESS | | | | | 1 |
| 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 accorded and the my signature shall have the same legal effect as if made under oath; that I am an officer or director | CITY-ST-ZIP | ~~ | | CITY-ST-ZIP | | <u>.</u> | | | | |
| | 12. Thereby of indicated | pertify that the information supplied with on this report or supplemental report is | this filing does not qualify for | or the exemption my signature sh | n stated in Se | ection 119.07(3)(i same legal effec |), Florida Statutes. I t as if made under o | further cert | ify that the in | formation or director |

of the corporation or the receiver or trustee empowered to execute this oport as required by Chapter 607, Florida Statutes; and that my name appears in Block changed, or on an attachment with an address, with all other like expowered.

| C.I | CI | M/ | TI | ID | . |
|-----|----|----|----|----|----------|

ENRICO GIANCARLO, PRESIDENT NECESTALE OF SIGNING OFFICER OR DIRECTOR