

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90034 031 ***150.00

DOCUMENT # P06000070163

1. Entity Name

ALEARA, INC.



Principal Place of Business

430 SO. DIXIE HWY., #5
CORAL GABLES FL 33146

Mailing Address

430 SO. DIXIE HWY., #5
CORAL GABLES FL 33146



2. Principal Place of Business - No P.O. Box #

430 So. Dixie Hwy

3. Mailing Address

same

Suite, Apt. #, etc.

5

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Coral Gables, FL

City & State

4. FEI Number

56-2594364

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JERAK, PABLO
430 SO. DIXIE HWY., #5
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

TITLE PD
NAME JERAK, PABLO
STREET ADDRESS 430 SO. DIXIE HWY., #5
CITY- ST- ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE VPST
NAME RAKUSA, LISSETTE A
STREET ADDRESS 430 SO. DIXIE HWY., #5
CITY- ST- ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lisette A. Rakusa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08 (786) 385-3067
Date Daytime Phone #