2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P06000087114 04-25-2007 90200 010 ***150.00 1. Entity Name A & DE ALAVA, CORP Mailing Address Principal Place of Business 40081617 306 HANCOCK BRIDGE PKWY 306 HANCOCK BRIDGE PKWY CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 2. Principal Place of Business - No P.O. Box # 112 Sw 35th Terrage 3. Mailing Address terrace Suite, Apt. #, etc Suite, Apt. #, etc. 01232007 Cha-P CR2E034 (12/06) 4. FEI Number 205/43/63 Applied For City & State Coral ai Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent QUINTERO-LOPEZ, DIANADYS 306 HANCOCK-BRIDGE-PKWY CAPE CORAL, FL 33990 8. The above named entity submits this statement for the purpose of changing its registered office ered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Quintero-Lobez Dianadis A Change ■ Addition QUINTERO-LOPEZ, DIANADYS NAME NAME 112 SW 35th terrace. STREET ADDRESS STREET ADDRESS 306 HANCOCK BRIDGE PKWY Cape Coral, Fl. CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP Change TITLE TITLE ☐ Delete be Alava. ☐ Addition Jorae A DE ALAVA, JORGE A NAME 112 SW Soth Herrace STREET ADDRESS 306 HANCOCK BRIDGE PKWY STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-7IP Defete TITLE □ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with the filling 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 tree and securate 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 aggreese, with the riling empowered.

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NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED