

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118616

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: ALCARMA CORP.

## Current Principal Place of Business:

2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134

## New Mailing Address:

2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134 US

FEI Number: 76-0837638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PRATS FERNANDEZ & CO. PA  
2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DA PRA, ALBERTO  
Address: 2121 PONCE DE LEON BLVD 240  
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete  
Name: DA PRA, CARLOS  
Address: 2121 PONCE DE LEON BLVD 240  
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete  
Name: DA PRA, MARTIN  
Address: 2121 PONCE DE LEON BLVD 240  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DA PRA, ALBERTO  
Address: 2121 PONCE DE LEON BLVD 240  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: T (X) Change ( ) Addition  
Name: DA PRA, CARLOS  
Address: 2121 PONCE DE LEON BLVD 240  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S (X) Change ( ) Addition  
Name: DA PRA, MARTIN  
Address: 2121 PONCE DE LEON BLVD 240  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO DA PRA

P

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date