

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000058759

FILED
Sep 08, 2008
Secretary of State

Entity Name: FLORIDA CULTURAL ALLIANCE, INC.

Current Principal Place of Business:

812 N. OCEAN BLVD.
APT. 305
POMPANO BCH, FL 33062

New Principal Place of Business:

Current Mailing Address:

812 N. OCEAN BLVD.
APT. 305
POMPANO BCH, FL 33062

New Mailing Address:

FEI Number: 26-3278755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRASCO, ALICIA
812 N. OCEAN BLVD.
APT. 305
POMPANO BCH, FL 33062 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARRASCO, ALICIA
Address: 812 N. OCEAN BLVD., #305
City-St-Zip: POMPANO BCH, FL 33062

Title: VD () Delete
Name: CARRASCO, GUADALUPE
Address: 812 N. OCEAN BLVD., #305
City-St-Zip: POMPANO BCH, FL 33062

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARRASCO, ALICIA PD
Address: 812 N. OCEAN BLVD., #305
City-St-Zip: POMPANO BCH, FL 33062

Title: VD (X) Change () Addition
Name: ABELLO, MARCELO VD
Address: 812 N. OCEAN BLVD., #305
City-St-Zip: POMPANO BCH, FL 33062

Title: SE () Change (X) Addition
Name: CARRASCO, MARIA G SE
Address: 812 N. OCEAN BLVD., #305
City-St-Zip: POMPANO BCH, FL 33062

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: ALICIA CARRASCO

PD

09/08/2008

Electronic Signature of Signing Officer or Director

Date