

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000058759

**FILED**  
**Mar 05, 2010**  
**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:**

1160 N FEDERAL HWY  
APT 1016  
FT LAUDERDALE, FL 33304

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

**Title:** VD  
**Name:** CARRASCO, JORGE R VD  
**Address:** 812 N. OCEAN BLVD., #305  
**City-St-Zip:** POMPANO BCH, FL 33062

**Title:** SE  
**Name:** CARRASCO, MARIA G SE  
**Address:** 1160 N FEDERAL HWY UNIT 1016  
**City-St-Zip:** FT LAUDERDALE, FL 33304

I hereby 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 all other like empowered.

**SIGNATURE:** AMC

PD

03/05/2010

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

\_\_\_\_\_  
Date