

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000061922

Entity Name: ALIS MANAGEMENT, CORP.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4621 SOUTHPORT BAY DR.  
KISSIMMEE, FL 34759

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 451492  
KISSIMMEE, FL 34745

**New Mailing Address:**

FEI Number: 26-0303079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANTIAGO, ARTURO  
4621 SOUTHPORT BAY DR.  
KISSIMMEE, FL 34759 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: DP  
Name: SANTIAGO, ARTURO  
Address: 4621 SOUTHPORT BAY DR.  
City-St-Zip: KISSIMMEE, FL 34759

Title: DVP  
Name: SANTIAGO, LINDA M  
Address: 4621 SOUTHPORT BAY DR.  
City-St-Zip: KISSIMMEE, FL 34759

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: ARTURO SANTIAGO

DP

01/05/2011

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

\_\_\_\_\_  
Date