2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026808

Entity Name: ALMA 2008 CORPORATION

VIA IX FEBBRAIO N. 17-471000

FORLI' ITALIA, XX XX

Address: City-St-Zip: FILED Mar 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE BISCAYNE TOWER, SUITE 2400 8301 NW 197TH STREET 2 SOUTH BISCAYNE BLVD MIAMI, FL 33015 MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** ONE BISCAYNE TOWER, SUITE 2400 8301 NW 197TH STREET 2 SOUTH BISCAYNE BLVD MIAMI, FL 33015 US MIAMI, FL 33131 FEI Number: 26-4098625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARCHAMBAULT, LOUIS P ESQ. BALWANT CHEEMA, CPA ONE BISCAYNE TOWER, SUTIE 2400 8301 NW 197TH STREET 2 SOUTH BISCAYNE BLVD MIAMI, FL 33015 MIAMI, FL 33131 US 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: BALWANT CHEEMA 03/13/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PRATI, NICOLA Name: Name: VIA NULLO ALDLNI N. 13-47100 Address: Address: City-St-Zip: FORLI' ITALIA, XX XX City-St-Zip: Title: Title: () Delete () Change () Addition NICASTRO, MASSIMO Name: Name: 1680 MICHIGAN AVENUE Address: Address: MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PORCELLINI, FABIO Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MASSIMO NICASTRO S 03/13/2009