

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000075861

**Entity Name:** LAS PALMAS A.L.F, CORP

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4495 NW 185 ST.  
MIAMI GARDENS, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

4495 NW 185 ST.  
MIAMI GARDENS, FL 33055

**New Mailing Address:**

**FEI Number:** 26-4150307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANTAMARIA, EMERITA  
4495 NW 185 ST.  
MIAMI GARDENS, FL 33055 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:** P  
**Name:** SANTAMARIA, EMERITA  
**Address:** 16427 SW 52 ST.  
**City-St-Zip:** MIAMI, FL 33185

**Title:** V  
**Name:** PEREZ, RAUL  
**Address:** 16427 SW 52 ST.  
**City-St-Zip:** MIAMI, FL 33185

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:** RAUL PEREZ

VP

02/24/2011

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

\_\_\_\_\_  
Date