2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000088732

1. Entity Name

COMPANIA AYALIA, INC.

Principal Place of Business	Mailing Address
1325 NW 93 CT #B-108 MIAMI FL 33172	1325 NW 93 CT #B-108 MIAMI FL 33172

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-1638550 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRIAY, CARLOS A
3750 NW 87 AVE STE 100
DORAL FL 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, JOSE E		NAME	U00000805800
STREET ADDRESS	1325 NW 93 CT, #B-108		STREET ADDRESS	02/06/08-80016-018 150.00
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, PRISCILLA		NAME	
STREET ADDRESS	1325 NW 93 CT, #B-108		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	
TITLE	DVPS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, REYNALDO		NAME	
STREET ADDRESS	1325 NW 93 CT, #B-108		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 01-28-08 305-436-0807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #