2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# P94000056949

Entity Name: ALARA TRAVEL CORPORATION

Current Principal Place of Business:

9582 S.W. 40 ST
SUITE 4/5
MIAMI, FL 33155 US

New Principal Place of Business:

9582 S.W. 40 ST
SUITE 2
MIAMI, FL 33155 US

Current Mailing Address:

9582 S.W. 40 ST
SUITE 4/5
MIAMI, FL 33155 US

New Mailing Address:

9582 S.W. 40 ST
SUITE 2
MIAMI, FL 33155 US

FEI Number: 65-0515442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARENAS, ROBERT
8182 S.W. 163 AVE
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

ARENAS, PATRICIA
8182 S.W. 163 AVE
MIAMI, FL 33193 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: PATRICIA ARENAS 01/16/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARENAS, PATRICIA
Address: 9582 S.W. 40 ST., STE. 415
City-St-Zip: MIAMI, FL 33155 US

Title: VD (X) Delete
Name: ARAUJO, ALEJANDRA
Address: 9243 SW 8TH TERRACE
City-St-Zip: MIAMI, FL 33174

Title: TD (X) Delete
Name: ARAUJO, ANDRES
Address: 9234 SW 8TH TERRACE
City-St-Zip: MIAMI, FL 33174

Title: SD (X) Delete
Name: ARENAS, ROBERTO
Address: 9582 S.W. 40 ST., STE. 415
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ARENAS, PATRICIA
Address: 8182 SW 163 AV
City-St-Zip: MIAMI, FL 33193 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PATRICIA ARENAS P 01/16/2008
Electronic Signature of Signing Officer or Director Date