


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90079 030 ***150.00

DOCUMENT # P98000005894 1. Entity Name ALARACA USA, INC.			
Principal Place of Business 2901 CLINT MOORE RD 122 BOCA RATON, FL 33496		Mailing Address 499 E. PALMETTO PARK ROAD 207 BOCA RATON, FL 33432-5080 US	
2. Principal Place of Business - No P.O. Box # 55 NE 5TH AVENUE Suite, Apt. #, etc. 501		3. Mailing Address 55 NE 5TH AVENUE Suite, Apt. #, etc. 501	
City & State BOCA RATON		City & State BOCA RATON	
Zip 33432	Country PALM BEACH	Zip 33432	Country PALM BEACH
6. Name and Address of Current Registered Agent TRONCONE, MONIQUE CPA 499 E. PALMETTO PARK ROAD 207 BOCA RATON, FL 33432-5080		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
4. FEI Number 65-0828142			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPRILES GARCIA, RAFAEL E 2901 CLINT MOORE RD STE 122 BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the address with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 06-4-2007 Daytime Phone # _____	