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 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

TREASURER

SIGNATURE: MAURICE MARTINEZ

I

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

Officer/Director Detail :

	Title	Ρ	Title	V	
	Name	PEREZ, JUAN G	Name	SANCHEZ, JUAN G	
	Address	8433 S US HWY 1	Address	8433 S US HWY 1	
	City-State-Zip:	PORT ST. LUCIE FL 34952	City-State-Zip:	PORT ST. LUCIE FL 34952	
	Title	Т			
	Title Name	T MARTINEZ, MAURICE			
		T MARTINEZ, MAURICE 8433 S US HWY 1			
	Name	,			

FEI Number: 35-2317356

Name and Address of Current Registered Agent:

PEREZ, JUAN 8433 S US HWY 1 PORT ST. LUCIE, FL 34952 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.

Entity Name: ALLIANCE OF LATIN-AMERICAN PROFESSIONALS, INC.

Current Principal Place of Business:

2400 SE VETERAN'S MEMORIAL PKWY STE 100 PORT ST. LUCIE. FL 34952

Current Mailing Address:

2400 SE VETERAN'S MEMORIAL PKWY STE 100 PORT ST. LUCIE, FL 34952

FILED Feb 25, 2013 Secretary of State CC3146655396

Certificate of Status Desired: No

02/25/2013 Date

Date

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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