

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000004296

**Entity Name:** ALEMBA GROUP INC.**Current Principal Place of Business:**603 N PARK CENTER DR, SUITE 107  
SANTA ANA, CA 92705**Current Mailing Address:**603 N PARK CENTER DR, SUITE 107  
SANTA ANA, CA 92705 US**FEI Number:** 46-1596291**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL REGISTERED AGENTS, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	MACKAY, LAURENCE SCOTT
Address	603 N PARK CENTER DR, SUITE 107
City-State-Zip:	SANTA ANA CA 92705

Title	DIRECTOR, PRESIDENT
Name	NUGENT, SIMON
Address	603 N PARK CENTER DR, SUITE 107
City-State-Zip:	SANTA ANA CA 92705

Title	SECRETARY
Name	NUGENT, SIMON
Address	603 N PARK CENTER DR, SUITE 107
City-State-Zip:	SANTA ANA CA 92705

Title	CFO
Name	SMITH, LISA
Address	OLEN PARK CENTER PLAZA 603 N PARK CENTER DR SUITE 107
City-State-Zip:	SANTA ANA CA 92705

*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: SIMON NUGENT****SECRETARY****03/25/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date