

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2008 8:00 am**  
**Secretary of State**

06-05-2008 90002 039 \*\*\*158.75

DOCUMENT #

1. Entity Name

*M14509*  
*ALHAMBRA REALTY INC*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

*147 ALHAMBRA CIRCLE SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*SUITE 240*

City & State

City & State

*CORAL GABLES FLORIDA*

*33134*

Country

Zip

Country

*US*

4. FEI Number

*59-2635043*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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]* *MARGARITA M. FEBLES* *4/26/08*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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

TITLE	<i>PSTD</i>
NAME	<i>FEBLES MARGARITA M</i>
STREET ADDRESS	<i>147 ALHAMBRA CIRCLE</i>
CITY-ST-ZIP	<i>CORAL GABLES FLORIDA</i>
TITLE	<i>SUITE 240</i>
NAME	<i>CORAL GABLES FLORIDA</i>
STREET ADDRESS	<i>33134</i>
CITY-ST-ZIP	<i>33134</i>
TITLE	<i>Tele: 305-443-3030</i>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* *MARGARITA M FEBLES* *4/26/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #