

**FOR PROFIT CORPORATION,
2009 ANNUAL REPORT**

For Office Use Only P-81

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FILED

09 June - 3 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name M14509
ALHAMBRA REALTY INC



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2. Principal Place of Business (The P.O. Box) <u>147 ALHAMBRA CIRCLE</u>		3. Mailing Address <u>SAME</u>	
State, Apt. #, etc. <u>SUITE 240</u>		Suite, Apt. #, etc.	
City & State <u>CORAL GABLES FLORIDA</u>		City & State	
Zip <u>33134</u>	Country <u>US</u>	Zip	Country

CR2E034B (5/07)

4. FFL Number <u>59-2635043</u>	Applied For This Applicable
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6. Certificate of Status Desired	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name <u>MARGARITA FEBLES</u>
Street Address (P.O. Box Number is This Agent's Only) <u>147 ALHAMBRA CR #240</u>
City & State <u>CORAL GABLES FL</u>
Zip <u>33134</u>

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8. The above named entity warrants this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, that it will, in the State of Florida, fulfill all the obligations of registered agent.

SIGNATURE: [Signature] MARGARITA M. FEBLES 4/28/09
NOTE: Registered Agent Signature is required when changing address.

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
NAME	<u>PSTD</u>
TITLE	<u>FEBLES MARGARITA M</u>
STREET ADDRESS	<u>147 ALHAMBRA CIRCLE</u>
CITY	<u>SUITE 240</u>
STATE	<u>CORAL GABLES FLORIDA</u>
ZIP	<u>33134</u>
TELEPHONE	<u>Tele: 305-443-3030</u>
NAME	
TITLE	
STREET ADDRESS	
CITY	
STATE	
ZIP	
TELEPHONE	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I declare under penalty of perjury that the information in this report or supplemental report is true and accurate and that my signature shall leave the same legal effect as if made under oath. If I am not the duly elected officer of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the report as an attachment with an address, will call upon the employee.

SIGNATURE: [Signature] MARGARITA M FEBLES 4/28/09
4/28/09 tele 305 443-3030

RH