

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90065 021 ***563.75

DOCUMENT # P00000003172

1. Entity Name
ALBA ELAINE ENTERPRISES INC.



Principal Place of Business
10218 ALLAMANDA BLVD.
PALM BEACH GARDENS FL 33410

Mailing Address
10218 ALLAMANDA BLVD.
PALM BEACH GARDENS FL 33410



2. Principal Place of Business
2600 Okeechobee Blvd
Suite, Apt. #, etc.

3. Mailing Address
4824 Citrus Way
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State: West Palm Beach FL
City & State: Cooper City FL
Zip: 33409 Country: Palm Beach
Zip: 33330 Country: Broward

4. FEI Number: 65-0998309 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAROUF, JOE D
10218 ALLAMANDA BLVD.
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
Name: Marouf, Joe D.
Street Address (P.O. Box Number is Not Acceptable): 4824 Citrus Way
City: Cooper City FL Zip Code: 33330

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS MAROUF, JOE D 10218 ALLAMANDA BLVD. PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS Marouf, Joe D. 4824 Citrus Way Cooper City FL 33330 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered.

SIGNATURE: _____ REQUIRED 9-7-03 561-541-7038

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)