

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90179 047 \*\*\*150.00

**2005 FOR PROFIT CORPORATION**

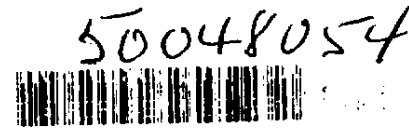
**FINN & REPC T**

**DOCUMENT #** **PO2000033848**  
1. Entry Name  
**ALBA MACHINE CORPORATION**



Principal Place of Business  
**7464 N.W. 8TH STREET  
MIAMI, FL 33126**

Principal Office  
**7464 N.W. 8TH STREET  
MIAMI, FL 33126**



04292005 9-P CR2E00

**DO NOT WRITE IN THIS SPACE**

6. Name and address of Officer (Register 199)

**BALSEIRO, JOSE E  
2700 S.W. 49TH COURSE  
MIAMI, FL 33133**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity subscribes this state form for the purpose of filing with the Secretary of State the annual report of the corporation and the obligations of a registered agent.

SIGNATURE

**FILE NOW! FEE IS \$ 50.00**  
**After May 1, 2005 Fee will be \$150.00**

File on Campaign Financing  
Third Party Contribution  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>GONZALEZ, OLGA</b>
STREET ADDRESS	<b>7464 N.W. 8TH ST</b>
CITY-STATE-ZIP	<b>MIAMI, FL 33126</b>
TITLE	<b>D</b>
NAME	<b>ALVAREZ, VICENTE</b>
STREET ADDRESS	<b>7464 N.W. 8TH ST</b>
CITY-STATE-ZIP	<b>MIAMI, FL 33126</b>
TITLE	<b>D</b>
NAME	<b>SA... ..</b>
STREET ADDRESS	<b>...</b>
CITY-STATE-ZIP	<b>...</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied on this form is true and accurate and that the signature shall have the beneficial effect as if made in person by the corporation or the officer named and authorized to execute the appropriate instrument by Chapter 207, Florida Statutes and that my name is not changed, is not a former name, and is not a name of a former employer.

**SIGNATURE:**

**05 29 05**