


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 03, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P02000033848**  
1. Entity Name  
**ALBA MARINE CORPORATION**



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

**DO NOT WRITE IN THIS SPACE**



02272008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**32-2163307**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**BALSEIRO, JOSE E  
2700 S.W. 29TH COURT  
MIAMI, FL 33133**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ELSA 7464 N W 8TH ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, VICENTE 7464 N W 8TH ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALSEIRO, JOSE E 7464 N W 8TH ST MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U10000455273  
03/15/06-80047-025 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **02/28/06**      Daytime Phone #: **305 2676700**