


**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**

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

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IN THIS SPACE**

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03/15/06-80047-025 150.00

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:  Date: **02/28/06** Daytime Phone #: **305 2676700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR