2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 30, 2008 8:00 am
Secretary of State
05-28-2008 90011 012 ***155.00

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1. Entity Name

ALBIROM, INC

Principal Place of Business	Mailing Address
441 SW 57 AVE APT# 02 MIAMI FL 33144 US	441 SW 57 AVE APT# 02 MIAMI FL 33144 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		441 S.W 57 AVE	
Suite, Apt. #, etc.		Suite, Apt #, etc. #2	
City & State		City & State Miami	
Zip	Country	Zip 33144	Country Miami

4. FEI Number 20-8683763. ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALBIZAR, RIGOBERTO 441 SW 57 AVE APT # 02 MIAMI FL 33144	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
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	P ALBIZAR, RIGOBERTO 441 SW 57 AVE # 02 MIAMI FL 33144	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Daytime Phone #