


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90640 003 ***158.00

DOCUMENT # P97000072183

1. Entity Name
ALBERT ENTERPRISE, INC.



Principal Place of Business Mailing Address

3401 NW 47 AVENUE #V-606 **3401 NW 47 AVENUE #V-606**
LAUDERDALE LAKES, FL 33319 **LAUDERDALE LAKES, FL 33319**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **P.O. BOX 190121**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

LAUDERDALE LAKES FL

Zip Country Zip Country

33319 **FL**



04062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

DESMEULES, ALBERT
3401 NW 47 AVENUE #V-606
LAUDERDALE LAKES, FL 33319

4. FEI Number Applied For

65-0779760 Not Applicable

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

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 DE	<input type="checkbox"/> Delete
NAME	DESMEULES, ALBERT	
STREET ADDRESS	3401 NW 47 AVENUE #V-606	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARILU GAGNER	
STREET ADDRESS	2634 PIERCE ST, HOLLYWOOD FL.	
CITY-ST-ZIP	33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **04/07/2004** **954-64-8977**

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