

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000099914

1. Entity Name
ALB-VIN, INC.



Principal Place of Business
3151 SW 192 AVE
MIAMI, FL 33029

Mailing Address
3151 SW 192 AVE
MIAMI, FL 33029



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0966079

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN
C/O THERREL BAISDEN, P.A.
ONE SE 3RD AVE, SUITE 2400
MIAMI, FL 33131

**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

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CHIOCCA, G JERRY
3151 SW 192 AVE
MIAMI, FL 33029

U000000031081
02/04/04-80136-002 150.00

TITLE
NAME
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

G. Jerry Chiocca G. JERRY CHIOCCA 1/22/04 305-377-4228
SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #