

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000036376

**Entity Name:** ALBA INSURANCE INC

**Current Principal Place of Business:**

13982 SW 260TH ST  
APT 107  
HOMESTEAD, FL 33032

**Current Mailing Address:**

13982 SW 260TH ST  
APT 107  
HOMESTEAD, FL 33032 US

**FEI Number:** 88-2333811

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REYES PACHECO, TATIANA V  
13982 SW 260TH ST  
APT 107  
HOMESTEAD, FL 33032 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name REYES PACHECO, TATIANA V  
Address 13982 SW 260TH ST APT 107  
City-State-Zip: HOMESTEAD FL 33032

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TATIANA V REYES PACHECO

**PRESIDENT**

**01/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date