

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000052252

**Entity Name:** ALBA DISTRIBUTORS OF FLORIDA, INC.**Current Principal Place of Business:**7399 NW 36 AVENUE  
MIAMI, FL 33147**Current Mailing Address:**7399 NW 36 AVENUE  
MIAMI, FL 33147 US**FEI Number:** 65-0673110**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**IAG CORPORATE SERVICES, INC  
601 BRICKELL HEY DR  
MIAMI, FL 33131 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	VPD
Name	GUIXENS, JUAN J
Address	7399 NW 36 AVE
City-State-Zip:	MIAMI FL 33147

Title	TD
Name	GUIXENS, MANUEL J
Address	7399 NW 36 AVE
City-State-Zip:	MIAMI FL 33147

Title	PD
Name	GUIXENS, JUAN JJR
Address	7399 NW 36 AVE
City-State-Zip:	MIAMI FL 33147

Title	SD
Name	GUIXENS, CHRISTINA L
Address	7399 NW 36 AVE
City-State-Zip:	MIAMI FL 33147

*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:** GUIXENS , JUAN JJR**PRESIDENT****04/15/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date