


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 378167**

1. Entity Name  
**ALBERTS ADVERTISING CO. INC.**



Principal Place of Business 8100 SW 81 DR #230 MIAMI, FL 33143	Mailing Address 8100 SW 81 DR #230 MIAMI, FL 33143
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04152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1317903	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBERTS, PAUL M  
 10820 SW 124 STREET  
 MIAMI, FL 33176

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	PD ALBERTS, PAUL M 10820 SW 124 ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, MAUREEN 8136 SW 86 TERR MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIENSTOCK, MARIANNE 8247 SW 84 CT. MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000313335  
 04/20/05-80094-021 150.00

**DO NOT WRITE IN THIS SPACE**

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: Paul M. Alberts Date: 4/18/05 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR