

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 509948

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** ALBERNI, CABALLERO & ALBERNI, P.A.

**Current Principal Place of Business:**

4649 PONCE DE LEON BLVD.  
SUITE 404  
CORAL GABLES, FL 331462118

**New Principal Place of Business:**

**Current Mailing Address:**

4649 PONCE DE LEON BLVD.  
SUITE 404  
CORAL GABLES, FL 331462118

**New Mailing Address:**

**FEI Number:** 59-1685316      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ALBERNI, PEDRO L.  
4649 PONCE DE LEON BLVD STE., 404  
CORAL GABLES, FL 33146 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALBERNI, PEDRO L.  
Address: 734 PARADISO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: TD  
Name: ALBERNI, LORENA G.  
Address: 734 PARADISO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: VD  
Name: CABALLERO, NELSON  
Address: 13554 S.W. 58TH AVENUE  
City-St-Zip: PINECREST, FL 33156

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: PEDRO L. ALBERNI

P

01/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date