2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 728157

1. Entity Name
THE ALMOND ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13655 NE 3RD CT	P.O. BOX 0938
NORTH MIAMI, FL 33161 US	HIALEAH, FL 33017 US

DO NOT WRITE IN THIS SPACE

04162008   No Chg-NP   CR2E037 (4/06)

4. FEI Number		Applied For
59-1890694		Not Applicable
5. Certificate of Status Desired ☑		$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUKER, HOWARD L
508 DADELAND TOWERS NORTH
920 S DADELAND BLVD
MIAMI, FL 33156

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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

Filing Fee is $61.25 **Due by May 1, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000930826 05/21/08-80124-012 70.00

10.	OFFICERS AND DIRECTORS

TITLE	PD
NAME	IBARRA, EDUARDO
STREET ADDRESS	P.O. BOX 0938
CITY-ST-ZIP	HIALEAH, FL 33017

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: _____   4 25-08   305 637 1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #