

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90040 040 ***158.75

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1. Entity Name
ALBATRANS, INC.



Principal Place of Business
**149-10 183RD ST
JAMAICA, NY 11413**

Mailing Address
**149-10 183RD ST
JAMAICA, NY 11413**

50024361



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07312006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

11-3299080

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUERRO, BENITO
8185 N.W. 201 TERRACE
MIAMI, FL 33015**

Name **Ximena Velasco**

Street Address (P.O. Box Number is Not Acceptable)
10580 N.W. 8th Lane

City **Miami**

FL Zip Code **33172**

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 **Ximena Velasco** **import/export coordinator**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GINEPRO, FRANCO**
STREET ADDRESS **VIA DEL BOTTEGHINO, 19**
CITY-ST-ZIP **FLORENCE, ITALY,**

TITLE **V** ☐ Delete
NAME **GIOVANNI, CHIARELIS**
STREET ADDRESS **41 W 10TH ST T**
CITY-ST-ZIP **NEW YORK, NY 10011**

TITLE **S** ☐ Delete
NAME **OCCASO, FILIPPO**
STREET ADDRESS **443 MARLBOROUGH RD**
CITY-ST-ZIP **CEDARHURST, NY 11516**

TITLE **V** ☐ Delete
NAME **CASTILLO-SANTIGO, LISA**
STREET ADDRESS **44 HAMMOND RD**
CITY-ST-ZIP **CENTEREACH, NY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: **LISA CASTILLO SANTIGO** **Vice President** **7890628**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **8.1.06** Daytime Phone #