2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000619

CENTEREACH, NY

City-St-Zip:

Entity Name: ALBATRANS, INC.

FILED Apr 22, 2008 Secretary of State

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|---|--|----------------------------------|---|--|--------------------------------------|--|
| Current P | rincipal Place | of Business: | New Prince | New Principal Place of Business: | | |
| 149-10 183 JAMAICA, | 3RD ST NY 11413 | | | | | |
| Current N | lailing Addres | ss: | New Maili | New Mailing Address: | | |
| 149-10 183 JAMAICA, | 3RD ST NY 11413 | | | | | |
| FEI Number | : 11-3299080 | FEI Number Applied For() | FEI Number Not App | licable () | Certificate of Status Desired () | |
| Name and | d Address of C | Current Registered Agent: | Name and | Address of | New Registered Agent: | |
| VELASCC 10580 NW MIAMI, FL | Í 8TH LN | | 9901 N.W. | VELASCO, XIMENA 9901 N.W. 106TH STREET MEDLEY, FL 33178 US | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing i | ts registered | office or registered agent, or both, | |
| SIGNATUI | RE: | | | 04/22/2008 | | |
| | Electror | ic Signature of Registered Age | ent | | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
| Title: Name: Address: City-St-Zip: | P () GINEPRO, FRA VIA DEL BOTTI FLORENCE,ITA | EGHINO, 19 | Title: Name: Address: City-St-Zip: | (|) Change () Addition | |
| Title: Name: Address: City-St-Zip: | V (CHIARELLI, GI 41 W 10TH ST NEW YORI, NY | Т | Title: Name: Address: City-St-Zip: | V (CHIARELLI, G 41 W 10TH S NEW YORK, | т т | |
| Title: Name: Address: City-St-Zip: | S () OCCASO, FILII 443 MARLBOR CEDARHURST | OUGH RD | Title: Name: Address: City-St-Zip: | (|) Change () Addition | |
| Title: Name: Address: | V (CASTILLO-SAN 44 HAMMOND | | Title: Name: Address: | (|) Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LISA CASTILLO-SANTIAGO MRS 04/22/2008