2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# F02000000619

Entity Name: ALBATRANS, INC.

Current Principal Place of Business:

149-10 183RD ST
JAMAICA, NY 11413

New Principal Place of Business:

Current Mailing Address:

149-10 183RD ST
JAMAICA, NY 11413

New Mailing Address:

FEI Number: 11-3299080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JUNO, PATRICIA
551 N.W. 82ND AVENUE
APT 504
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

VELASCO, XIMENA
10580 NW 8TH LANE
MIAMI, FL 33172 US

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: XIMENA VELASCO 04/09/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GINEPRO, FRANCO
Address: VIA DEL BOTTEGHINO, 19
City-St-Zip: FLORENCE,ITALY, OC

Title: V ( ) Delete
Name: CHIARELLI, GIOVANNI
Address: 41 W 10TH ST T
City-St-Zip: NEW YORK, NY 10011

Title: S ( ) Delete
Name: OCCASO, FILIPPO
Address: 443 MARLBOROUGH RD
City-St-Zip: CEDARHURST, NY 11516

Title: V ( ) Delete
Name: CASTILLO-SANTIGO, LISA
Address: 44 HAMMOND RD
City-St-Zip: CENTEREACH, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LISA CASTILLO SANTIAGO VP 04/09/2009
Electronic Signature of Signing Officer or Director — Date