

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082337

Entity Name: ALBA, LLC

FILED
Jan 23, 2007
Secretary of State

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-5421330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHITE PEARL LAND, IN, C.
Address: 2121 PONCE DE LEON BLVD., SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: FAFIAN, ALBERTO
Address: 1407 CAPITAL FEDERAL DOLORES 217
City-St-Zip: BUENOS AIRES, ARGENTINA,

Title: MGRM () Delete
Name: NORMA ELENA CRUZ,
Address: 1407 CAPITAL FEDERAL DOLORES 217
City-St-Zip: BUENOS AIRES, ARGENTINA,

Title: MGRM () Delete
Name: FIFIAN, MARISOL
Address: 1407 CAPITAL FEDERAL DOLORES 217
City-St-Zip: BUENOS AIRES, ARGENTINA,

ADDITIONS/CHANGES:

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 for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALBERTO FAFIAN

MGRM

01/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date