

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2004 8:00 am**  
**Secretary of State**

06-23-2004 90001 047 \*\*\*158.75

**DOCUMENT # M14509**

1. Entity Name  
**ALHAMBRA REALTY, INC.**



Principal Place of Business

**147 ALHAMBRA CIRCLE  
#240  
CORAL GABLES, FL 33134 US**

Mailing Address

**147 ALHAMBRA CIRCLE  
#240  
CORAL GABLES, FL 33134 US**

**54058454**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05212004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-2635043**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FEBLES, MARGARITA M  
147 ALHAMBRA CIRCLE #240  
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete  
NAME **FEBLES, MARGARITA M**  
STREET ADDRESS **147 ALHAMBRA CIR. S-#240**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

*MARGARITA M. FEBLES* 6/16/04 (Tele: 305-443-3030)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 21, 2004

ALHAMBRA REALTY, INC.  
147 ALHAMBRA CIRCLE  
#240  
CORAL GABLES, FL 33134 US

SUBJECT: ALHAMBRA REALTY, INC.  
Ref. Number: M14509

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 204A00035956