


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001770	
1. Entity Name ARTES ALBA, INC.	

Principal Place of Business 2949 POINT EAST DRIVE B-210 AVENTURA, FL 33160-2688	Mailing Address 2949 POINT EAST DRIVE B-210 AVENTURA, FL 33160-2688
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0913761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MERCADO, ARNOLD 2949 POINT EAST DRIVE B-210 AVENTURA, FL 33160-2688	DO NOT WRITE IN THIS SPACE
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 <i>Arnold Mercado</i> <i>Arnold Mercado, Sec. Treas</i> <i>1-7-05</i>	DATE
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MERCADO, ARNOLD 2949 POINT EAST DRIVE AVENTURA, FL 331602688
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERRIMAN, DAVID 9701 SW 167 STREET MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, LAZARO 7040 W. 2ND LANE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HERNANDEZ, JORGE 1301 NE 183 STREET 502W NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, DARLENE F 102 NW 108 STREET MIAMI SHORES, FL 33168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOMMERS, AVERY 426 BAYBERRY DR LAKE PARK, FL 33403

DO NOT WRITE
IN THIS SPACE

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01/11/05-80039-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: <i>Arnold Mercado</i> <i>Arnold Mercado</i> <i>1-7-2005</i> <i>305-682-8209</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #