

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 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**



04212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0913761**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

*Arnold Mercado*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-21-08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	ST
NAME	MERCADO, ARNOLD
STREET ADDRESS	2949 POINT EAST DRIVE
CITY-STATE-ZIP	AVENTURA, FL 331602688
TITLE	P
NAME	BERRIMAN, DAVID
STREET ADDRESS	9701 SW 167 STREET
CITY-STATE-ZIP	MIAMI, FL 33144
TITLE	D
NAME	RODRIGUEZ, LAZARO
STREET ADDRESS	7040 W. 2ND LANE
CITY-STATE-ZIP	HALEAH, FL 33014
TITLE	V
NAME	HERNANDEZ, JORGE
STREET ADDRESS	1301 NE 183 STREET 502W
CITY-STATE-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	D
NAME	WHITE, DARLENE F
STREET ADDRESS	102 NW 108 STREET
CITY-STATE-ZIP	MIAMI SHORES, FL 33168
TITLE	D
NAME	SOMMERS, AVERY
STREET ADDRESS	426 BAYBERRY DR
CITY-STATE-ZIP	LAKE PARK, FL 33403

U00000920370  
05/14/08-80041-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Arnold Mercado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #