

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000031814

1. Entity Name

ALBERNI FINANCIAL SERVICES, INC.



Principal Place of Business

4649 PONCE DE LEON BLVD., SUITE 404
CORAL GABLES, FL 33146

Mailing Address

4649 PONCE DE LEON BLVD., SUITE 404
CORAL GABLES, FL 33146



01092008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-1004652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALBERNI, PEDRO L
4649 PONCE DE LEON BLVD., SUITE 404
CORAL GABLES, FL 33146

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000780949
01/15/08-80015-011 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ALBERNI, PEDRO L
STREET ADDRESS 4649 PONCE DE LEON BLVD., SUITE 404
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE D
NAME CABALLERO, NELSON
STREET ADDRESS 4649 PONCE DE LEON BLVD., SUITE 404
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 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

1/9/08
Date

305-662-7272
Daytime Phone #