


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 14 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000072943 1. Entity Name ALABINA MARKET, INC	
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business POST OFFICE BOX 880641 Suite, Apt. #, etc. BOCA RATON FLORIDA City & State	3. Mailing Address POST OFFICE BOX 880641 Suite, Apt. #, etc. BOCA RATON FLORIDA City & State
---	---

DO NOT WRITE IN THIS SPACE

Zip 33488	Country U.S.A.	Zip 33488	Country U.S.A.
--------------	-------------------	--------------	-------------------

4. FEI Number 65-1122649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	ELSA MANTILLA
Street Address (P.O. Box Number is Not Acceptable)	9893 FLORAL PARK LANE
City	BOCA RATON FL 33428

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: *Elsa M. Mantilla* Elsa Mantilla 10/06/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARTHA E MANTILLA P/D POST OFFICE BOX 880641 BOCA RATON FLORIDA 33488	TITLE NAME STREET ADDRESS CITY - ST - ZIP 400023796634 10/14/03-11065-015 #*20 00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<i>\$ 10/16</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Martha E Mantilla* Martha E Mantilla 10/06/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #