



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90411 039 \*\*\*150.00

DOCUMENT # P01000085093					
<b>1. Entity Name</b> ALBARA, INC.					
<b>Principal Place of Business</b> 4623 4TH AVE. NE BRADENTON, FL 34208			<b>Mailing Address</b> 4623 4TH AVE. NE BRADENTON, FL 34208		
<b>2. Principal Place of Business</b> 6130 CLARK CENTER AVE Suite, Apt. #, etc. 105 City & State SARASOTA, FL Zip 34238 Country U.S.A.		<b>3. Mailing Address</b> 6130 CLARK CENTER AVE. Suite, Apt. #, etc. 105 City & State SARASOTA, FL Zip 34238 Country U.S.A.			
					
01102004    Chg-P    CR2E034 (10/03)		<b>4. FEI Number</b> 64-1136262 65-1136262			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> FORESTANDI, BARBARA 4623 4TH AVE NE BRADENTON, FL 34208			<b>7. Name and Address of New Registered Agent</b> Name BARBARA FORESTANDI Street Address (P.O. Box Number is Not Acceptable) 7614 PINE VALLEY ST City BRADENTON    FL    Zip Code 34202		
<b>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.</b> SIGNATURE <u>Barbara M. Forestandi</u> DATE <u>1/12/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORESTANDI, BARBARA		NAME	7614 PINE VALLEY ST.	
STREET ADDRESS	4623 4TH AVE. NE		STREET ADDRESS	BRADENTON, FL 34202	
CITY-ST-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORESTANDI, ALPHONSE J		NAME	7614 PINE VALLEY ST	
STREET ADDRESS	4623 4TH AVE. NE		STREET ADDRESS	BRADENTON, FL 34202	
CITY-ST-ZIP	BRADENTON, FL 34208		CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
SIGNATURE: <u>Barbara M. Forestandi</u>			DATE: <u>1/12/04</u> DAYTIME PHONE: <u>(941) 924-7095</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>BARBARA M. FORESTANDI</b>					