


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-30-2004 90348 047 \*\*\*150.00  
P02000004363

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TALLAHASSEE, FLORIDA

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|---|--|--|---|---|--|
| <b>DOCUMENT # P02000004363</b>  |  |  |   |                |  |
| 1. Entity Name<br><b>ALBO VENTURES INC.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>8010 N UNIVERSITY DRIVE<br/>2ND FLOOR<br/>TAMARAC, FL 33321</b>   |  |  | Mailing Address<br><b>8010 N UNIVERSITY DRIVE<br/>2ND FLOOR<br/>TAMARAC, FL 33321</b> |   |  |
| 2. Principal Place of Business  |  |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.   |   |  |
| City & State  |  |  | City & State  |   |  |
| Zip   | Country  | Zip  | Country   | 4. FEI Number<br><b>01-0620993</b>  |  |
|   |  |  |   | Applied For<br>Not Applicable   |  |
|   |  |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>ROBERT D. LETTMAN P.A.<br/>8010 N UNIVERSITY DRIVE<br/>2ND FLOOR<br/>TAMARAC, FL 33321</b>  |  |  |   | 7. Name and Address of New Registered Agent   |  |
|   |  |  |   | Name  |  |
|   |  |  |   | Street Address (P.O. Box Number is Not Acceptable)  |  |
|   |  |  |   | City  |  |
|   |  |  |   | FL Zip Code   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PRESIDENT<br/>MIKAEL T. LEE<br/>8101 WHITTIER BLVD.<br/>BETHESDA, MD 20817</b>        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VICE-PRESIDENT<br/>ALBERT C. CAMACHO<br/>7001 OLD HOUSE ROAD<br/>MCLEAN, VA 22101</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SECRETARY<br/>DOROTHY E. PORTER<br/>361 NE 43RD STREET<br/>OAKLAND PARK, FL 33334</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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. |  |  |   |   |  |
| SIGNATURE: <u>Dorothy E. Porter, Secretary</u> <b>April 28, 2004</b>  |  |  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  |   |   |  |