

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90156 038 ***150.00

DOCUMENT # P02000021060

1. Entity Name Albaeacín Group, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2474 Weston Rd</u> Suite, Apt. #, etc. <u># 224</u> City & State <u>Weston, FL</u> Zip <u>33331</u> Country <u>USA</u>		3. Mailing Address <u>12549 Brookwood Ct</u> Suite, Apt. #, etc. City & State <u>Davie, FL</u> Zip <u>33330</u> Country <u>USA</u>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>30-0111386</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ALVARO ALBAEACIN

Street Address (P.O. Box Number is Not Acceptable)
12549 Brookwood Ct

Davie FL 33330
City State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>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</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P. ALVARO ALBAEACIN</u> <u>12549 Brookwood Ct</u> <u>Davie, FL 33330</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.P. madelyn Albaeacín</u> <u>12549 Brookwood Ct</u> <u>Davie, FL 33330</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Madelyn Albaeacín - madelyn Albaeacín 2/25/03 954-559-5158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)