

**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 # <u>P02000021060</u>			
1. Entity Name <u>Albareacin Group, Inc.</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>24174 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>12543 Brookwood Ct</u> Suite, Apt. #, etc. City & State <u>Davie, FL</u> Zip <u>33330</u> Country <u>USA</u>	
		DO NOT WRITE IN THIS SPACE	
		4. FEI Number <u>30-0111386</u>	
		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 <u>ALVARO ALBAREACIN</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>12543 Brookwood Ct</u>	
		City <u>Davie</u> State <u>FL</u> Zip Code <u>33330</u>	
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 _____			
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	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
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DO NOT WRITE IN THIS SPACE			
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: <u>Madelyn Albareacin</u>		Date <u>2/25/03</u> Daytime Phone # <u>954-559-5158</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/02)