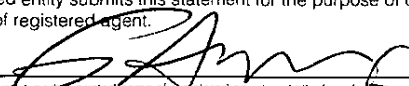
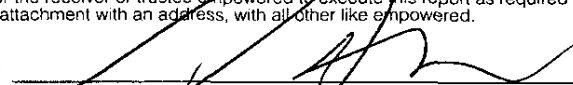


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90052 027 ***150.00

DOCUMENT # P02000069955 1. Entity Name ALBA LAW P.A.																					
Principal Place of Business 3780 WEST FLAGLER STREET MIAMI FL 33134 4711 SW 8 Street			Mailing Address 3780 WEST FLAGLER STREET MIAMI FL 33134 4711 SW 8 Street																		
2. Principal Place of Business			3. Mailing Address																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																		
City & State			City & State																		
Zip		Country		Zip																	
Country		Country		4. FEI Number 36-4500198																	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent																					
ALBA, GILBERT V 3780 WEST FLAGLER STREET 4711 SW 8 Street MIAMI FL 33134																					
7. Name and Address of New Registered Agent																					
Name Street Address (P.O. Box Number is Not Acceptable) City																					
State 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  DATE 3/22/04 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State																					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 40%;">NAME ALBA</td> <td style="width: 10%;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>VALDES, GILBERT ALBA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>3780 WEST FLAGLER STREET 4711 SW 8 Street</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>MIAMI FL 33134</td> <td></td> </tr> </table>						TITLE	P	NAME ALBA	☐ Delete	NAME		VALDES, GILBERT ALBA		STREET ADDRESS		3780 WEST FLAGLER STREET 4711 SW 8 Street		CITY-ST-ZIP		MIAMI FL 33134	
TITLE	P	NAME ALBA	☐ Delete																		
NAME		VALDES, GILBERT ALBA																			
STREET ADDRESS		3780 WEST FLAGLER STREET 4711 SW 8 Street																			
CITY-ST-ZIP		MIAMI FL 33134																			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">☒ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change ☐ Addition											
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change ☐ 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:  DATE 3/22/04 305/648-2522 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																					