## **2005 FOR PROFIT CORPORATION** FILED **ANNUAL REPORT** Mar 17, 2005 08:00 AM Secretary of State **DOCUMENT # P03000097296** ALBÉRTO MULLER INC Mailing Address Principal Place of Business 13141 N.W. 7TH LANE 13141 N.W. 7TH LANE MIAMI, FL 33182 MIAMI, FL 33182 CR2E034 (10/03) 03082005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0206658 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MULLER, ALBERTO DO NOT WRITE 13141 N.W. 7TH LANE MIAMI, FL 33182 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. PTD TITLE MULLER, ALBERTO NAME 13141 N.W. 7TH LANE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33182 VSD TITLE MULLER, TENSY E NAME 13141 N.W. 7TH LANE STREET ADDRESS MIAMI, FL 33182 CMY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

03/17/05-80062-019 158.75

Applied For

Not Applicable

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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alberto Muller

305-992-3333

President 03/08/2005

Daytime Phone #



STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS