

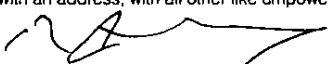


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|  |   |         |  |   |  |  |  |
|--|---|---------|--|---|--|--|--|
| <b>DOCUMENT # P03000122237</b><br>1. Entity Name<br><b>ALBA BIOSERVICES, INC.</b>  |   |         |  |    |  | <div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">06 SEP 18 AM 11:42</div> <div style="font-size: 0.8em;">SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</div> |  |
| Principal Place of Business<br><b>4955 SW 75 AVE<br/>MIAMI, FL 33155</b>   |   |         |  | Mailing Address<br><b>4955 SW 75 AVE<br/>MIAMI, FL 33155</b>  |  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |         |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |  |
| City & State   |   |         |  | City & State  |  |  |  |
| Zip  |   | Country |  | Zip   |  | Country  |  |
| 4. FEI Number<br><b>20-0349365</b>   |   |         |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |         |  | <b>\$8.75 Additional Fee Required</b>   |  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>SATORRE, LESTER SR.<br/>4955 SW 75 AVE<br/>MIAMI, FL 33155</b>  |   |         |  | <b>7. Name and Address of New Registered Agent</b><br>Name <b>RAUL AIBA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4955 SW 75 AVE</b><br>City <b>MIAMI</b> <b>FL</b> Zip Code <b>33155</b> |  |  |  |
| 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: <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |         |  | (NOTE: Registered Agent signature required when re-registering)<br><b>000080008790</b><br><b>09/20/06</b> <b>01063</b> <b>010</b> <b>11:01.25</b>   |  |  |  |
| <b>Amended AR is \$61.25</b>   |   |         |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |         |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-1</b>   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><b>SATORRE, LESTER SR.</b><br><b>4955 SW 75 AVE</b><br><b>MIAMI, FL 33155</b> |         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br><b>RAUL AIBA</b><br><b>4955 SW 75 AVE</b><br><b>MIAMI, FL 33155</b>    |  |  |
| 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 checked="" 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            |  |  |
| 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 exemptions contained in Chapter 119, 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |         |  | Date <b>9/15/06</b> <b>305</b><br><b>778 7637</b><br><small>Daytime Phone #</small>   |  |  |  |

RE 9/19