


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**


03-14-2006 90032 022 \*\*\*150.00

<b>DOCUMENT # P04000058630</b>	
<b>1. Entity Name</b> ALBIERO PROPERTIES, INC.	

<b>Principal Place of Business</b> 5519 DARK ST. LOOP WESLEY CHAPEL, FL 33544	<b>Mailing Address</b> 5519 DARK ST. LOOP WESLEY CHAPEL, FL 33544
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<b>2. Principal Place of Business</b> 2020 TONI STREET Suite, Apt. #, etc.	<b>3. Mailing Address</b> 2020 TONI STREET Suite, Apt. #, etc.
<b>City &amp; State</b> ORMOND BEACH FL	<b>City &amp; State</b> ORMOND BEACH FL
<b>Zip</b> 32174	<b>Country</b>

40051010



02212006 Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 20-0913483	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

MORIN, CHRISTINE  
5519 DARK ST. LOOP  
WESLEY CHAPEL, FL 33544

**7. Name and Address of New Registered Agent**

Name: ANGELO ALBIERO  
Street Address (P.O. Box Number is Not Acceptable): 2020 TONI STREET  
City: ORMOND BEACH FL Zip Code: 32174

**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: *Angelo Albiero* DATE: 7 MAR 06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBIERO, ANGELO 21 SEYMOUR AVE. LYNN, MA 01902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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: *Angelo Albiero* DATE: 7 MAR 06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #