


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000096158

1. Entity Name
ALBERTO CARDS, INC.



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| Principal Place of Business 265 116TH STREET OCEAN MARATHON, FL 33050 | Mailing Address 265 116TH STREET OCEAN MARATHON, FL 33050 |
|--|--|



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 20-1380651 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SANCHEZ, ANGELBERTO
265 116TH STREET OCEAN
MARATHON, FL 33050

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

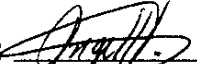
10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SANCHEZ, ANGELBERTO 265 116TH STREET OCEAN MARATHON, FL 33050 |
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 01/18/07-80035-006 158.75

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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:  **President** **1/8/2007 305-743-2525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #