2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90031 032 ***150.00

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1. Entity Name
ALBE, INC.

Principal Place of Business	Mailing Address
805 LEE RD ORLANDO, FL 32810	18039 SAXONY LANE ORLANDO, FL 32820

04032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #: 805 Lee Rd		3. Mailing Address: 18039 Saxony Ln	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State: Orlando FL		City & State: Orlando FL	
Zip: 32810	Country: Orange	Zip: 32820	Country: Orange

4. FEI Number: 20-2725325 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MISA, ALBAN
18039 SAXONY LANE
ORLANDO, FL 32820

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 ____________
Signature, typed or printed name of registered agent and title if applicable (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	P	☐ Delete
NAME	MISA, ALBAN	
STREET ADDRESS	18039 SAXONY LANE	
CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE	D	☐ Delete
NAME	AHMETAJ, ENKELCIDA	
STREET ADDRESS	18039 SAXONY LANE	
CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Alban Misa 4/3/07 4076479950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #