



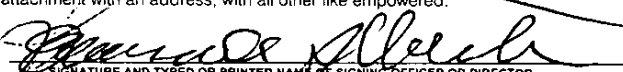
FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90004 002 ****50.00

66021797



09042007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000113057				09-07-2007 90004 001 ***500.00 09-07-2007 90004 002 ***50.00	
1. Entity Name ALBERTO'S MARKET, INC.					
Principal Place of Business 601 W. ATLANTIC AVENUE DELRAY BEACH, FL 33444		Mailing Address 601 W. ATLANTIC AVENUE DELRAY BEACH, FL 33444		66021797	
2. Principal Place of Business - No P.O. Box # 601 W. Atlantic Ave		3. Mailing Address Same			
Suite, Apt. #, etc. Delray Beach		Suite, Apt. #, etc.		09042007 Chg-P CR2E034 (12/06)	
City & State Florida		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip 33444	Country U.S	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOUIMA, ALBERTE 601 W. ATLANTIC AVENUE DELRAY BEACH, FL 33444				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LOUIMA, ALBERTE 601 W. ATLANTIC AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					