

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000020206

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** ALBA'S COAST & ASSOCIATES, INC.

**Current Principal Place of Business:**

1925 SW 82ND CT  
MIAMI, FL 33155

**New Principal Place of Business:**

8810 FONTAINEBLEAU BLVD  
408  
MIAMI, FL 33172

**Current Mailing Address:**

1925 SW 82ND CT  
MIAMI, FL 33155

**New Mailing Address:**

8810 FONTAINEBLEAU BLVD  
408  
MIAMI, FL 33172

**FEI Number:** 27-2090596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALBA BUSTAMANTE, ROBERTO  
1925 SW 82ND CT  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

ALBA BUSTAMANTE, ROBERTO  
8810 FONTAINEBLEAU BLVD  
408  
MIAMI, FL 33172 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

02/09/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALBA BUSTAMANTE, ROBERTO  
Address: 8810 FONTAINEBLEAU BLVD #408  
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTO ALBA BUSTAMANTE

PD

02/09/2011

Electronic Signature of Signing Officer or Director

Date