

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26771

FILED
Feb 10, 2004
Secretary of State

Entity Name: ALHAMBRA GABLES ONE, INC.

Current Principal Place of Business:

9830 COLONADE BLVD.
600
SAN ANTONIA, TX 782302239 US

New Principal Place of Business:

Current Mailing Address:

9830 COLONADE BLVD.
600
SAN ANTONIA, TX 782302239 US

New Mailing Address:

FEI Number: 74-2553479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: KELLEY, EDWARD B.
Address: 9830 COLONADE BLVD., SUITE 600
City-St-Zip: SAN ANTONIO, TX 782302239

Title: DSVP () Delete
Name: DUNCAN, T. PATRICK
Address: 9830 COLONADE BLVD., SUITE 600
City-St-Zip: SAN ANTONIO, TX 782302239

Title: V () Delete
Name: MOSIS, DIRK P. D III
Address: 9830 COLONADE BLVD., SUITE 600
City-St-Zip: SAN ANTONIO, TX 782302239

Title: VT () Delete
Name: HOLMES, DAVID M.
Address: 9830 COLONADE BLVD., SUITE 600
City-St-Zip: SAN ANTONIO, TX 782302239

Title: DVS () Delete
Name: SEEWALD, RANDAL R.
Address: 9830 COLONADE BLVD., SUITE 600
City-St-Zip: SAN ANTONIO, TX 782302239

Title: V () Delete
Name: WALLACE, SUSAN
Address: 9830 COLONADE BLVD., SUITE 600
City-St-Zip: SAN ANTONIO, TX 782302239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MITTS, GLEN E
Address: 9830 COLONADE BLVD., SUITE 600
City-St-Zip: SAN ANTONIO, TX 782302239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RANDAL R. SEEWALD

V

02/10/2004

Electronic Signature of Signing Officer or Director

_____ Date