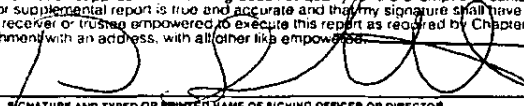


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

8/1

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-15-2006 90002 044 ***150.00

DOCUMENT # P29866		
1. Entity Name ALBA WHEELS UP INTERNATIONAL INC.		
Principal Place of Business 150 30 132 AVENUE 208 JAMAICA, NY 11434		Mailing Address 150 30 132 AVENUE 208 JAMAICA, NY 11434
DO NOT WRITE IN THIS SPACE		
		07112006 No Chg-P CR2E034 (11/05)
		4. FEI Number 13-5553334
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PETERSEL, ROBERTA 1605 CYPRESS POINTE DRIVE CORAL SPRINGS, FL 33065		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	STILE, SALVATORE J I	
STREET ADDRESS	300 E 34TH ST	
CITY-ST- ZIP	NEW YORK, NY 10016	
TITLE	P	
NAME	STILE, DAMIEN	
STREET ADDRESS	300 E 34TH ST	
CITY-ST- ZIP	NEW YORK, NY 10016	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST- ZIP		
TITLE		
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: 		Date 8/24/06 718-276-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAMIEN STILE		Daytime Phone #



ATTACHMENT

66023607

#P29866

NEW JERSEY OFFICE

Tel: (201) 435-7050 • Fax: (201) 435-5650
E-Mail: jersey@alba-wheelsup.com
Website: www.albawheelsup.com

MIAMI OFFICE

Tel: (305) 499-9994 • Fax: (305) 499-9995
E-Mail: miami@alba-wheelsup.com
Website: www.albawheelsup.com

LOS ANGELES OFFICE

Tel: (310) 410-8030 • Fax: (310) 410-8040
E-Mail: la@alba-wheelsup.com
Website: www.albawheelsup.com

150-30 132nd Avenue • Suite 208 • Jamaica, NY 11434
Tel: (718) 276-3000 • Fax (718) 712-1222
E-Mail: jfk@alba-wheelsup.com • Website: www.albawheelsup.com

August 25, 2006

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

We confirm receipt of your letter of August 15, 2006 concerning Reference Number P29866, wherein you advised that our Annual Report for 2006 was received with payment. However, we erroneously omitting signing the form.

Per your request, attached is the report duly signed. We trust all is now in order.

Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Mary Ann Gajdos', written over a horizontal line.

Mary Ann Gajdos - Office Administrator