


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 25, 2004 08:00 AM  
Secretary of State

DOCUMENT # P36851 1. Entity Name ALBA HEALTH PRODUCTS, INC.	
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Principal Place of Business 1370 W INDUSTRIAL AVE UNIT 109 BOYNTON BEACH, FL 33426 US	Mailing Address 1370 W INDUSTRIAL AVE UNIT 109 BOYNTON EBAHC, FL 33426 US
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03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-1768018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BACHE, ALAIN 9640 EL CLAIR RANCH RD. BOYNTON BCH., FL 33437
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**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 Alain Bache DATE 3-23-04  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DCP BACHE, ALAIN 9604 EL CLAIR RANCH RD. BOYNTON BCH., FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S BACHE, REBECCA 9604 EL CLAIR RANCH RD. BOYNTON BCH., FL
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03/25/04-80028-001 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Alain Bache DATE 3/23/04 521-7359551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #