


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90023 035 \*\*\*150.00

<b>DOCUMENT # P36851</b>	
1. Entity Name <b>ALBA HEALTH PRODUCTS, INC.</b>	

Principal Place of Business <b>1370 W INDUSTRIAL AVE UNIT 109 BOYNTON BEACH, FL 33426 US</b>	Mailing Address <b>1370 W INDUSTRIAL AVE UNIT 109 BOYNTON EBAHC, FL 33426 US</b>
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**50055265**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>58-1768018</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BACHE, ALAIN 9640 EL CLAIR RANCH RD. BOYNTON BCH., FL 33437</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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.  
**NOT RECEIVED**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP BACHE, ALAIN 9604 EL CLAIR RANCH RD. BOYNTON BCH., FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACHE, REBECCA 9604 EL CLAIR RANCH RD. BOYNTON BCH., FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-05 561-7359551  
Date Daytime Phone #



ATTACHMENT 50055265  
ALBA HEALTH PRODUCTS, INC.

1370 W. Industrial Ave. #109  
Boynton Beach, FL 33426  
Fax (561) 734-9633 Phone (561) 735-9551



Member  
NRPA

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

Re: Notice of filing not received

Alba Health products, Inc. Document # P 36851

Dear Sirs :

I declare on my honor that I have not receive the notice for filing 2005  
annual report.

You will notice that i have never been late in filing since inception of the  
corporation in 1991.

I request that you waive the penalty.

Sincerely,

Alain Bache  
President