


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P36851</b> 1. Entity Name ALBA HEALTH PRODUCTS, INC.	
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Principal Place of Business 9604 EL CLAIR RANCH RD. BOYNTON BEACH, FL 33437 US	Mailing Address P.O.BOX 4668 BOYNTON BEACH, FL 33424-4668 US
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**DO NOT WRITE IN THIS SPACE**



05292007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1768018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP BACHE, ALAIN 9604 EL CLAIR RANCH RD. BOYNTON BCH., FL 33437
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06/07/07-80001-001 150.00

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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:**  **ALAIN BACHE** **5.29.07** **561-735955**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #