


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90048 002 ***150.00

DOCUMENT # P94000069715	
1. Entity Name ALBAC CORP.	

Principal Place of Business 4651 SHIRIDAN STREET, STE 300 HOLLYWOOD, FL 33021 US	Mailing Address 4651 SHIRIDAN STREET, STE 300 SUITE 210 HOLLYWOOD, FL 33021 US
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2. Principal Place of Business - No P.O. Box # 4651 SHERIDAN STREET	3. Mailing Address 4651 SHERIDAN STREET
Suite, Apt. #, etc. STE 300	Suite, Apt. #, etc. STE. 300
City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL
Zip 33021	Country USA

40050000



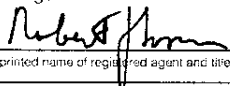
02162008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0533673	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 SOSSIN, ROBERT J 4651 SHIRIDAN STREET, STE 300 HOLLYWOOD, FL 33021	
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7. Name and Address of New Registered Agent	
Name ROBERT J. SOSSIN	
Street Address (P.O. Box Number is Not Acceptable) 4651 SHERIDAN STREET, STE 300	
City HOLLYWOOD	FL Zip Code 33021

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  ROBERT J. SOSSIN	DATE MARCH 9, 2008

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BACKENSTEIN, ALICE 96 OLD FOREST HILL ROAD TORONTO, ON <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
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 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:  ALICE BACKSTEIN	DATE MAR 18/08 416-932-8137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	