

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000014691

FILED
Aug 25, 2009
Secretary of State

Entity Name: ALBATROSS INTERNATIONAL CORP.

Current Principal Place of Business:

2333 BRICKEL AVE, PH-106
MIAMI, FL 33129 US

New Principal Place of Business:

2333 BRICKEL AVE
PH-106
MIAMI, FL 33129 US

Current Mailing Address:

2333 BRICKEL AVE, PH-106
MIAMI, FL 33129 US

New Mailing Address:

2333 BRICKEL AVE
PH-106
MIAMI, FL 33129 US

FEI Number: 65-0558017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AROCENA, FEDERICO J
2333 BRICKELL AVE, #1803
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

AROCENA, FEDERICO J
1110 BRICKELL AVE.
SUITE 800
MIAMI, FL 33131 US

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.

SIGNATURE: FEDERICO J. AROCENA

08/25/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AROCENA, FEDERICO A
Address: 2333 BRICKELL AVE, PH -106
City-St-Zip: MIAMI, FL 331291234

Title: D () Delete
Name: AROCENA, FEDERICO J
Address: 2333 BRICKELL AVE, #1803
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AROCENA, FEDERICO J
Address: 1110 BRICKELL AVE, SUITE 800
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FEDERICO A. AROCENA

PRES

08/25/2009

Electronic Signature of Signing Officer or Director

Date