


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90092 025 ***158.75

DOCUMENT # P96000052252 1. Entity Name ALBA DISTRIBUTORS OF FLORIDA, INC.	
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Principal Place of Business 7340 NW 35 AVE MIAMI, FL 33147	Mailing Address C/O IVAN A. GOMEZ, ESQ 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0673110	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC
 601 BRICKELL HEY DR
 MIAMI, FL 33131

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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 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB GUIXENS, JUAN J 7340 NW 35TH AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUIXENS, MANUEL J 7340 NW 35TH AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUIXENS, JUAN J JR 7340 NW 35TH AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUIXENS, CHRISTINA L 7201 NW 35 AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Juan J. Guixens, President *[Signature]* 4/10/2005 (305) 371-9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #