


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000052252
 1. Entity Name
 ALBA DISTRIBUTORS OF FLORIDA, INC.



Principal Place of Business 7399 NW 36 AVENUE MIAMI, FL 33147	Mailing Address C/O IVAN A. GOMEZ, ESQ 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131 US
---	---

DO NOT WRITE IN THIS SPACE



01252008 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000920648
 05/14/08-80051-016 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB GUIXENS, JUAN J 7399 NW 36 AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUIXENS, MANUEL J 7399 NW 36 AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUIXENS, JUAN J JR 7399 NW 36 AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUIXENS, CHRISTINA L 7399 NW 36 AVE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Juan J. Guixens, Jr. Date: (305) 371-9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Juan J. Guixens, Jr. President