

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 03, 2009
Secretary of State**

DOCUMENT# P96000052252

Entity Name: ALBA DISTRIBUTORS OF FLORIDA, INC.

Current Principal Place of Business:

7399 NW 36 AVENUE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

C/O IVAN A. GOMEZ, ESQ
601 BRICKELL KEY DRIVE SUITE 507
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0673110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: GUIXENS, JUAN J
Address: 7399 NW 36 AVE
City-St-Zip: MIAMI, FL 33147

Title: TD () Delete
Name: GUIXENS, MANUEL J
Address: 7399 NW 36 AVE
City-St-Zip: MIAMI, FL 33147

Title: PD () Delete
Name: GUIXENS, JUAN J JR
Address: 7399 NW 36 AVE
City-St-Zip: MIAMI, FL 33147

Title: SD () Delete
Name: GUIXENS, CHRISTINA L
Address: 7399 NW 36 AVE
City-St-Zip: MIAMI, FL 33147

Title: D (X) Delete
Name: GUIXENS, ROSA C
Address: 7399 NW 36 AVE
City-St-Zip: MIAMI, FL 33147

Title: D (X) Delete
Name: GUIXENS, MAYRA C
Address: 7399 NW 36 AVE
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: JUAN J GUIXENS, JR.

MR.

09/03/2009

Electronic Signature of Signing Officer or Director

_____ Date