

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000077104

1. Entity Name
ALBERTO INDUSTRIALS, INC.



**FILED
Feb 07, 2005 8:00 am
Secretary of State**

02-07-2005 90101 037 ***158.75

50011664



01042005 Chg-P CR2E034 (10/03)

Principal Place of Business
2875 NE 191 STREET
PH-1
MIAMI, FL 33180 US

Mailing Address
P.O. BOX 630817
MIAMI, FL 33163

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0700857

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PREMIER ASSET MANAGEMENT INC
2100 PARK CENTRAL BLVD N
SUITE 900
POMPANO BCH, FL 33064

7. Name and Address of New Registered Agent
Name: *Theodore J. Klein ESO*
Street Address (P.O. Box Number is Not Acceptable)
8030 Peters road
City: *Plantation* Zip Code: *FL 33324*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Theodore J. Klein

1/19/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: AZOUT, JACK
STREET ADDRESS: 2875 NE 191 STREET, PH-1
CITY-ST-ZIP: MIAMI, FL 33180

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: AZOUT, JACK
STREET ADDRESS: 2875 NE 191 STREET, PH-1
CITY-ST-ZIP: MIAMI, FL 33180

Change Addition

TITLE: SD
NAME: AZOUT, JACK
STREET ADDRESS: 2875 NE 191 STREET, PH-1
CITY-ST-ZIP: MIAMI, FL 33180

Delete

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Change Addition

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: *Mark Jack Azout* Date: *2/2/05* Daytime Phone #: *(305)935-5175*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #