## 2005 FOR PROFIT CORPORATION

## **FILED** M

1	ANNUAL	REPORT		Jan 18, 2	2005 08:00 A
DOCU	MENT # S13717				etary of State
	THIRTY ALHAMBRA, INC.				
Principal Plac	ce of Business	Mailing Address	<u>'</u>		
		330 ALHAMBRA CIRCLE CORAL GABLES, FL 33134		 	NINIT KINIT KINIT KINIT SIKITKAN († 1661
				01072005 No Chg-P C	R2E034 (10/03)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
	•			65-0227091	Not Applicable
		***	the State of the State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Ro	gistered Agent		2.00	e i vere e e e e e e e e e e e e e e e e e
HUFF, R.,				DO NOT WRI	TF ,,,,,
	MBRA CIRCLE BABLES, FL 33134		A Lite and the Age of the Control of	IN THIS SPA	, , , , , , , , , , , , , , , , , , , ,
					<b>)</b>
8. The above	e named entity submits this statement for t	ne purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE.	<u> </u>				
	Signature, typed or printed name of registered agent and	title il applicable (NOTE, Registore	ed Agent signature required	when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	·	.00 May Be ed to Fees	
10.	OFFICERS AND D	RECTORS		to a second distribution of the second distribut	
TITLE NAME	DPT HUFF, R., STUART		manage line berefined	The state of the s	× · · ·
STREET ADDRESS	330 ALHAMBRA CIRCLE		1	The second secon	•••
CITY-SY-ZIP	CORAL GABLES, FL	<u>.</u>			
TITLE NAME	DS HAGGARD, WM. ANDREW		· · ·	UD000182 01/19/05-800	
STREET ADDRESS	330 ALHAMBRA CIRCLE		1,000,00	TETALO	142-019 150.00
CITY-ST-ZIP	CORAL GABLES, FL		1	THE REAL PROPERTY OF THE PARTY	
NAME				* # * * · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP			A A STATE OF	DO NOT WR	TE
TOTLE		· <u>-</u>	a Aprilia Carre	IN THIS SPA	^=
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STREET ADDRESS CITY-ST-ZIP				Same a second se	
FITLE				alik tija a ga <del>talik angala ta a ali</del> ta a sa a	* ** * * * *
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CITY-ST-ZIP				المراقع المناف عن من المناف المناف المنافي والمنافق المنافق المنافق المنافق المنافق المنافق المنافق المنافق ا	and a
TITLE		1	1	and the same the same to the same the same that the same to the same the same that the	

12. I hereby certify that the information supplied with this filling 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 spoot 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 life empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF NING OFFICER OR DIRECTOR

1/12/06 (300) 846 5700