

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S69795

Entity Name: ALBATO, INC.

**FILED**  
**Dec 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

100 BAYVIEW DRIVE  
APT 429  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

848 BRICKELL AVENUE  
SUITE 203  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 65-0298547      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JARAMILLO, SOFIA  
848 BRICKELL AVENUE  
SUITE 203  
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: PD  
Name: BAUMEISTER, ALBERTO  
Address: 100 BAYVIEW DR. APT 429  
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP  
Name: BAUMEISTER, LUISA  
Address: 100 BAYVIEW DRIVE , APT 429  
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP  
Name: BAUMEISTER, LUIS G  
Address: 100 BAYVIEW DRIVE, APT 429  
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP  
Name: BAUMEISTER, ALBERTO  
Address: 100 BAYVIEW DRIVE, APT.429  
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP  
Name: BAUMEISTER, MANUEL  
Address: 100 BAYVIEW DRIVE, APT. 429  
City-St-Zip: SUNNY ISLES, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: ALBERTO BAUMEISTER

PD

12/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date