


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90023 033 ***150.00

DOCUMENT # V65053

1. Entity Name
ALBERTS & MERKEL BROS, INC. (1992)



Principal Place of Business Mailing Address

11580 HAGEN RANCH RD 11580 HAGEN RANCH RD
 BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2414 S.W. 1st St. *2414 S.W. 1st St.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Boynton Beach, FL *Boynton Beach, FL*
 Zip Country Zip Country
33435 *Flm Beach* *33435* *Flm Beach*



05012007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-0358640 Not Applicable

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

6. Name and Address of Current Registered Agent

BANTING, MARTHA
 2414 SW 1ST SE
 BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVSY	<input type="checkbox"/> Delete
NAME	BANTING, MARTHA J	
STREET ADDRESS	2414 SW 1ST	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BANTING, MARTHA J	
STREET ADDRESS	2414 SW 1ST STREET	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Martha J. Banting (By C. Stankov)* Pres. 4/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #