

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000015549

**Entity Name:** ALBESURE, INC

**Current Principal Place of Business:**

180 NE 4TH AVE  
409  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

180 NE 4TH AVE  
409  
DELRAY BEACH, FL 33483 US

**FEI Number:** 26-4344037

**Certificate of Status Desired:** No

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

RIVERA, ELVIS  
340 W PALMETTO PARK ROAD  
505  
BOCA RATON, FL 33432 US

*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

**Officer/Director Detail :**

Title P, D  
Name ALBE, SHELLEY  
Address 180 NE 4TH AVE  
City-State-Zip: DELRAY BEACH FL 33483

Title S  
Name RIVERA, ELVIS  
Address 180 NE 4TH AVE #206  
City-State-Zip: DELRAY BEACH FL 33483

Title T  
Name ALBE, BRIAN  
Address 180 NE 4TH AVE # 409  
City-State-Zip: DELRAY BEACH FL 33483

*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:** SHELLEY ALBE

**PRESIDENT, DIRECTOR**

**04/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date