

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000052252

**Entity Name:** ALBA DISTRIBUTORS OF FLORIDA, INC.

**Current Principal Place of Business:**

7399 NW 36 AVENUE  
MIAMI, FL 33147

**FILED**  
**Apr 01, 2013**  
**Secretary of State**  
**CC4613590520**

**Current Mailing Address:**

C/O IVAN A. GOMEZ, ESQ  
601 BRICKELL KEY DRIVE SUITE 507  
MIAMI, FL 33131 US

**FEI Number: 65-0673110**

**Certificate of Status Desired: Yes**

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

IAG CORPORATE SERVICES, INC  
601 BRICKELL HEY DR  
MIAMI, FL 33131 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            VPD  
Name            GUIXENS, JUAN J  
Address        7399 NW 36 AVE  
City-State-Zip: MIAMI FL 33147

Title            TD  
Name            GUIXENS, MANUEL J  
Address        7399 NW 36 AVE  
City-State-Zip: MIAMI FL 33147

Title            PD  
Name            GUIXENS, JUAN JJR  
Address        7399 NW 36 AVE  
City-State-Zip: MIAMI FL 33147

Title            SD  
Name            GUIXENS, CHRISTINA L  
Address        7399 NW 36 AVE  
City-State-Zip: MIAMI FL 33147

*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: JUAN J. GUIXENS, JR.**

**PD**

**04/01/2013**

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

\_\_\_\_\_  
Date