

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000052252

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

**Current Principal Place of Business:**

5750 N.W. 32ND CT  
MIAMI, FL 33142

**Current Mailing Address:**

5750 N.W. 32ND CT  
MIAMI, FL 33142 US

**FEI Number: 65-0673110**

**Certificate of Status Desired: Yes**

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

IAG CORPORATE SERVICES, INC  
1 ALHAMBRA PLAZA  
PENTHOUSE  
CORAL GABLES, FL 33134 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 VP  
Name GUIXENS, JUAN J  
Address 5750 N.W. 32ND CT  
City-State-Zip: MIAMI FL 33142

Title T  
Name GUIXENS, MANUEL J  
Address 5750 N.W. 32ND CT  
City-State-Zip: MIAMI FL 33142

Title P  
Name GUIXENS, JUAN JR.  
Address 5750 N.W. 32ND CT  
City-State-Zip: MIAMI FL 33142

Title S  
Name GUIXENS-MAURY, CHRISTINA L  
Address 5750 N.W. 32ND CT  
City-State-Zip: MIAMI FL 33142

*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: GUIXENS , JUAN J**

**VP**

**03/14/2024**

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

\_\_\_\_\_  
Date