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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPR	OVAL
OMB Number:	3235-0076
Expires:	
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hours per respon	se16.00

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CHITOKH EMITED OF EKING EXEM	
Name of Offering check if this is an amendment and name has changed, and indicate change.)	
Common Stock 2007	
Filing Under (Check box(es) that apply):	
A. BASIC IDENTIFICATION DATA	07077426
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Julieta Y Alberto Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2015 Garnet Avenue, San Diego, CA 92109	858-581-1408
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSED
Restaurant.	
	SEP 2 6 2007
Type of Business Organization	
✓ corporation	please specify): THOMSON FINANCIAL
Month Year	
Actual or Estimated Date of Incorporation or Organization: [0]7 [0]6 Actual Esti Jurisdiction of Incorporation or Organization; (Enter two-letter U.S. Postal Service abbreviation for State	mated
CN for Canada, FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	WILI

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

# A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Full Name (Last name first, if individual)  Margarita Mejja  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:
Check Box(es) that Apply:
Managing Parture (Last name first, if individual)  Check Box(es) that Apply:
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partr [] Ull Name (Last name first, if individual)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partr [] Ull Name (Last name first, if individual)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partr [] Ull Name (Last name first, if individual)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partr [] Ull Name (Last name first, if individual)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partr [] Ull Name (Last name first, if individual)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or [] Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or [] Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or [] Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or [] Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or [] Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or [] Check Box(es) that Apply: Promoter Beneficial Owner Beneficial Owner Director General and/or [] Check Box(es) that Apply: Promoter Beneficial Owner Beneficial Owner Director General and/or [] Check Box(es) that Apply: Promoter Beneficial Owner Beneficial Owner Director General and/or [] Check Box(es) that Apply: Promoter Beneficial Owner Beneficial Owner Director Director General and/or [] Check Box(es) that Apply: Promoter Beneficial Owner Beneficial Owner Director Director General and/or [] Check Box(es) that Apply: Promoter Beneficial Owner Ben
Check Box(es) that Apply:
Managing Partr  Full Name (Last name first, if individual)  Dusiness or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Parts Full Name (Last name first, if individual)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Parts Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Parts  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Particuli Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partr  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
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Managing Partr Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partr
full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Parts
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

					B. I	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer sold	l, or does t	he issuer in	itend to se	ll, to non-a	ccredited i	nvestors in	this offer	ing?	••••	Yes <b>X</b>	No
				Ans	wer also ir	Appendix,	Column 2	2, if filing	ander ULC	E.			
2.	What is	the minim	um investn	ent that w	ill be acce	pted from a	ny individ	lual?			•••••	\$_5,0	00.00
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?			*******			Yes □	No <b>⋉</b>
4.												, —	_
	If a pers or states a broke	on to be lis s, list the na r or dealer,	ted is an as ame of the h you may s	sociated pe proker or do et forth the	rson or age aler. If m	ent of a brok ore than five	er or deale (5) person	r registered ns to be list	d with the S ed are asso	SEC and/or	with a state	;	
Ful	l Name (	Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (N	lumber and	l Street, C	ity, State, Z	(ip Code)	·. •• • • • • • • • • • • • • • • • • •					
Nai	me of Ass	sociated Br	oker or De	aler								•	
Sta	tes in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	i					
	(Check	"All States	or check	individual	States)	•••••	, ,	***************	************	******************************	•••••	☐ Al	l States
	AL	AK	ĀZ	AR	[CA]	CO	[CT]	DE	[DC]	FL	GA	HI	[ID]
		ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	<u>OK</u>	OR	PA
	RI	SC]	\$D	TN	TX	UT	VT	[VA]	WA	WV	WI	WY	PR
Ful	Full Name (Last name first, if individual)												
Bus	siness or	Residence	Address (I	Number an	d Street, C	City, State, 2	Zip Code)						
Na	me of As:	sociated Bi	roker or De	aler			_						
Sta	tes in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<u>.</u> .					<del></del>
	(Check	"All States	or check	individual	States)			••••••	•••••		•••••	☐ Al	1 States
	AL	AK	AZ	[AR]	CA	CO	CT	DE	DC	FL	[GĀ]	Ш	רמו
	IL	IN	ĪΑ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	VT	[VA]	WA	WV	WI	WY	PR
Ful	l Name (	Last name	first, if ind	ividual)	•••								
Bu	siness or	Residence	Address (	Number an	d Street, C	City, State,	Zip Code)						
Na	Does the offering permit joint ownership of a single unit?												
Sta	tes in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			·			<del></del>
	(Check	"All States	or check	individual	States)	***************		*******************				☐ Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	· · · · · · · · · · · · · · · · · · ·												
	[KI]	DÜ	ומס	LIN	IA	UL	VI	(VA)	WA	WV	[WI]	WY	PK

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and	i		
	Type of Security	Aggregate Offering Price	æ	Amount Already Sold
		s 0.00		\$ 0.00
	<del>-</del>		<u> </u>	\$ 66,000.00
	Equity	\$_100,000.00	<del>'</del> —	\$ 60,000.00
	Common Preferred	0.00		0.00
	Convertible Securities (including warrants)			\$
	Partnership Interests			\$_0.00
	Other (Specify)	\$_0.00		\$_0.00
	Total	\$_100,000.0	<del></del>	\$_66,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:		Aggregate Dollar Amount of Purchases
	Accredited Investors			s 66,000.00
				\$ 0.00
	Non-accredited Investors			s 66,000.00
	Total (for filings under Rule 504 only)	<u>!</u>	—	\$_00,000.00
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504		_	<b>s</b>
	Total			\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	•••••		\$
	Printing and Engraving Costs		$\overline{\Box}$	<b>s</b>
	Legal Fees		П	s
	Accounting Fees			\$
	Engineering Fees		П	\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			s
	Total			\$ 0.00

	C. OFFERING PRICE, NUMBE	CR OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Q proceeds to the issuer."	uestion 4.a. This difference is the "adjusted gross		\$
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate and he payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	<u>-</u>	] \$	
	Purchase of real estate		]\$	□ \$
	Purchase, rental or leasing and installation of machinand equipment	nery 	¬\$	\$
	Construction or leasing of plant buildings and facili			
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	of securities involved in this		
	Repayment of indebtedness		]\$	<b></b>
	Working capital		]\$	<b>\$</b>
	Other (specify):	[	]\$	
			]\$	
	Column Totals	······	\$ <u>0.00</u>	<u>\$ 66,000.00</u>
	Total Payments Listed (column totals added)		□ \$ <u></u> 66	5,000.00
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furni information furnished by the issuer to any non-accre	sh to the U.S. Securities and Exchange Commiss	sion, upon writte	le 505, the following n request of its staff,
Iss	er (Print or Type)	Signature	Patc	
Jul	eta Y Alberto Inc.		07/16/2007	
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Mai	garita Mejia (	Chief Executive Officer		

### - ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>⋉</b>
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Julieta Y Alberto Inc.	Alment mile	07/16/2007
Name (Print or Type)	Title (Print or Type)	
Margarita Mejia	Chief Executive Officer	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX** 5 4 1 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State waiver granted) investors in State offered in state (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited Yes No Yes No State Investors **Investors** Amount Amount AL ΑK ΑZ AR CA CO CT DE DC FL GA Ш ID IL IN ΙA KS KY LA ME MD MA ΜI MN MS

#### 5 l 2 3 4 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell Type of investor and explanation of to non-accredited offering price amount purchased in State waiver granted) investors in State offered in state (Part C-Item 2) (Part E-Item 1) (Part C-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors **Amount** State Yes No **Amount** MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA wv WI

**APPENDIX** 

	APPENDIX											
1		2 3 4							lification			
	Intend to sell and aggregate to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)			under St (if yes, explan waiver	ate ULOE, attach ation of granted)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY												
PR												

END