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Secretary of State
03-01-2004 90048 031 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000023672

1. Entity Name
ALLEGRO USA, CORP.

94022419

Principal Place of Business	Mailing Address
950 S. PINES ISLAND RD., STE #110 PLANTATION, FL 33324	950 S. PINES ISLAND RD., STE #110 PLANTATION, FL 33324

(P03000023672P)

02242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
8001 W. 26TH AVENUE		8001 W 26TH AVENUE	
Suite, Apt. #, etc. Suite 6		Suite, Apt. #, etc. Suite 6	
City & State HIALEAH FLORIDA		City & State HIALEAH FLORIDA	
Zip 33016	Country USA	Zip 33016	Country USA

4. FEI Number 65-117 6414 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DA SILVA, VICTOR M
1825 MAIN STREET
SUITE 201
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name: Global Human Capital Solutions
Street Address (P.O. Box Number is Not Acceptable): 1560 SAWGRASS Corp Parkway 4TH Floor
City: SUNRISE FL Zip Code 33323

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: MONICA DE LOS RIOS [signature] 2/24/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOS SANTOS DOMINGUES, RAUL 1825 MAIN STREET SUITE 201 WESTON, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Raul dos Santos Feb 25 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #