


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V66493**

1. Entity Name  
**ALGHERO INVESTMENTS, INC.**



Principal Place of Business  
**1670 N W94TH AVENUE  
 MIAMI, FL 33172 US**

Mailing Address  
**ONE SE 3RD AVE  
 28TH FLOOR  
 MIAMI, FL 33131 US**

**DO NOT WRITE IN THIS SPACE**



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0364874</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEL DAGO, CARMEN  
 1670 NW 94TH AVENUE  
 MIAMI, FL 33172-2838**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DAGO DEL, ROSA ONE SE 3RD AVE, 28TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DAGO DEL, CARMEN ONE SE 3RD AVE, 28TH FLOOR MIAMI, FL 33131
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Carmen Del Dago - Treasurer* 3/10/04 599-1842  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #