


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90018 050 ***150.00

DOCUMENT # F57405 1. Entity Name ALLO REALTY, INC., #2					
Principal Place of Business 7270 S US 1 PORT ST LUCIE, FL 34952			Mailing Address 7270 S US 1 PORT ST LUCIE, FL 34952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2148260	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIANA GOLDMAN 1858 SE PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	P	LOBRUTTO, WILLIAM A.	7270 S. FEDERAL WAY PORT ST. LUCIE, FL		
	S	LOBRUTTO, TINA M.	7270 S. FEDERAL WAY PORT ST. LUCIE, FL		
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 <i>William A. Lobritto</i>				8/2/04 7728784422	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	