## 2006 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # G47241** ALLEGRO WORLD ENTERPRISES, INC.

**FILED** Mar 13, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

460 FLA CENTRAL PKWY UNIT 2

P.O. BOX 522195

LONGWOOD, FL 32750

LONGWOOD, FL 32752-2195 US



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 03022006 No Chg-P

4. FEI Number 59-2299385 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEGRO, FRED A. 175 RAMBLE WOOD DR **DEBARY, FL 32713** 

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>					
SIGNATURE Signature, typed or privide name of registered agent and site 8 approache. (NOTE: Registered Agent signature required when retratating)				., फ्राह	
FILE NOWIII FEE 18 \$150.00  After May 1, 2008 Fee will be \$550.00  Trust Fund Controution.			ing 🗆	\$5.00 May Be Added to Fees	03/21/06-80118-015 150.00
15.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALLEGRO, FRED A. 175 RAMBLEWOOD DR DEBARY, FL 32713				
TITLE KAME STREET ADDRESS CITY-ST-ZIP	VSD ALLEGRO, MARY JANE 175 RAMBLEWOOD DR DEBARY, FL 32713				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
title Name Striet adoress City-St-ZP				IN	THIS SPACE
TITLE HAME STREET ADDRESS CITY-ST-DP					
TITLE HAME STREET ADDRESS CITY-ST-ZP	en og skallende og <b>kallende</b> Skallende og skallende	·		and the second second	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 comporation or the receiver or trustice 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 allectment with an address, with all other like empowered.					