

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # H68542 1. Entity Name ALLEDORT CORPORATION	
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Principal Place of Business
**501 S.E. 17TH ST
FT. LAUDERDALE, FL 33316**

Mailing Address
**501 S.E. 17TH ST
FT. LAUDERDALE, FL 33316**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2576186	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TRODELLA, RICHARD
501 S.E. 17TH ST
FT. LAUDERDALE, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and file 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**

**U000000144951
04/30/04-80148-019 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRODELLA, GEORGE P 501 S.E. 17TH ST FT. LAUDERDALE, FL 33316
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRODELLA, RICHARD 501 S.E. 17TH ST FT. LAUDERDALE, FL 33316
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TRODELLA, CLAIRE 501 S.E. 17TH ST FT. LAUDERDALE, FL 33316
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: _____

Richard Trodella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD TRODELLA, VPD APR. 29, 2004 (954) 524-3300

Date

Daytime Phone #