


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

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| DOCUMENT # K85269 1. Entity Name ALEGANT BY TINA, INC. |  |
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| Principal Place of Business 195 WESTMONTE DRIVE S. SUITE E ALTAMONTE SPRINGS, FL 32714 | Mailing Address 195 WESTMONTE DRIVE S. SUITE E ALTAMONTE SPRINGS, FL 32714 |
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-2944759 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

RUDEZ, JUSTINA
330 AMESBURY CT
LONGWOOD, FL 32779

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RUDEZ, JUSTINA 330 AMESBURY CT LONGWOOD, FL |
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03/15/04-80021-006 150.00

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: *Justina Rudez* 3-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #