FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000111281

1. Entity Name

The Allegro Spa, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Florida	4507 Furling Lane
Suite, Apt. #, etc.: Same as block #3	Suite, Apt. #, etc.: Suite #116
City & State	City & State: Mary Esther, Florida
Zip / Country	Zip: 32569 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3693956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gere Timberlake

Street Address (P.O. Box Number is Not Acceptable):

124 East Miracle Strip Parkway Suite #101

City: Mary Esther FL Zip Code: 32569

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.

000001153687
05/04/04-80138-004 150.00

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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	V Gere Timberlake 124 East Miracle Strip Parkway #101	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mary Esther, Florida 32569	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Martina Allegro 124 East Miracle Strip Parkway #101	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE OF NEW OR EXISTING OFFICER OR DIRECTOR — Date — Electronic Process #