2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 15, 2004 8:00 am **Secretary of State** DOCUMENT # P01000041223 1. Entity Name 03-15-2004 90010 023 ***150.00 TALGO, INC. Principal Place of Business Mailing Address 200 LESLIE DRIVE 200 LESLIE DRIVE O1AOLUPE' APT. #227 HALLENDALE BEACH FL 33009 APT. #227 HALLENDALE BEACH FL 33009 2. Principal Place of Business 3. Mailing Address 3197 MCK/M 3197 MCK/A Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Cjty & State ity & State Applied For 4. FEI Number 65-1100122 MOLLYWOO $\Pi O \sim \simeq 100$ Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOPER, AUDREY O. Box Number is Not Acceptable) 200 LESLIE DRIVE APT. #227 HALLENDALE BEACH FL 33009 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 title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **DPST** Change TITLE ☐ Delete TITLE Addition CODALL, AUSLEY 3197 MUKINIEY STREET COOPER, AUDREY NAME NAME 200 LESLIE DRIVE APT. #227 STREET ADDRESS STREET ADDRESS HALLENDALE BEACH FL 33009 CITY-ST-ZIP CITY-ST-71P HOLLYWOOD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete ☐ Change ☐ Addition NAME MARKE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP 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.

TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12/2 2004

FILED