FILED
Jul 28, 2003 8:00 am
Secretary of State
07-28-2003 90142 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000107258**

1. Entity Name
ALGAL ENTERPRISES, INC.

90147629

Principal Place of Business	Mailing Address
2240 SR 84 DANIA, FL	2240 SR 84 DANIA, FL

2. Principal Place of Business	3. Mailing Address
2440 SR 84	2440 SR 84
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dania, FL	City & State: Dania, FL
Zip: 33312 Country: Broward	Zip: 33312 Country: Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1152100** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANCINO, CHRIS 412 N.E. 4TH STREET FT LAUDERDALE, FL 33301	Name: Chris Mancino Street Address (P.O. Box Number is Not Acceptable): 2440 SR 84 City: Dania **FL** Zip Code: 33312

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: Chris Mancino R.A. 7/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD GALLIGAN, ALEX 2240 SR 84 DANIA, FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 2440 SR 84 Dania, FL 33312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alex Galligan 7/23/03 PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #