

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91043 007 ***150.00

DOCUMENT # P03000100252

1. Entity Name
ALGORA, INC.



Principal Place of Business
**4209 LAKE AVE
W PALM BCH, FL 33405**

Mailing Address
**4209 LAKE AVE
W PALM BCH, FL 33405**



2. Principal Place of Business
4209 LAKE AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004

Chg-P

CR2E034 (10/03)

City & State
WEST PALM BEACH, FL.

City & State

4. FEI Number
51-0483509

Applied For

Not Applicable

Zip
33405

Country
U.S.

Zip

Country

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

6. Name and Address of Current Registered Agent

**ACOSTA, JORGE E
4209 LAKE AVE
W PALM BCH, FL 33405**

7. Name and Address of New Registered Agent

Name **JORGE E. ACOSTA**

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

4209 LAKE AVENUE

City **WEST PALM BEACH** **FL** Zip Code **33405**

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.

(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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **JORGE E. ACOSTA**
STREET ADDRESS **4209 LAKE AVENUE**
CITY-ST-ZIP **WEST PALM BEACH, FL. 33405**

TITLE **D** ☐ Change ☒ Addition
NAME **LUIS A. ACOSTA**
STREET ADDRESS **4209 LAKE AVENUE**
CITY-ST-ZIP **WEST PALM BEACH, FL. 33405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-04