



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90287 021 ***150.00

DOCUMENT # P03000115354																													
1. Entity Name ALGABO USA, INC.																													
Principal Place of Business 1107 E. HALLANDALE BEACH BLV. HALLANDALE BEACH HALLANDALE BEACH, FL 33009			Mailing Address 1107 E. HALLANDALE BEACH BLV. HALLANDALE BEACH HALLANDALE BEACH, FL 33009																										
2. Principal Place of Business 16383 NW 57th AVE.		3. Mailing Address 16383 NW 57th AVE																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252004 Chg-P CR2E034 (10/03)																									
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 55-0860774																									
Zip 33014		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BURKLE, MERY M 1107 E. HALLANDALE BEACH BLV. HALLANDALE BEACH, FL 33009			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable) 16383 NW 57th Avenue</td> </tr> <tr> <td style="padding: 5px;">City MIAMI</td> <td style="padding: 5px;">Zip Code 33014</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable) 16383 NW 57th Avenue		City MIAMI	Zip Code 33014																		
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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 _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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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: _____				04-26-04 305-5109552																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																									