

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90300 015 \*\*\*150.00

**DOCUMENT # P04000089371**

1. Entity Name

DALGO, INC.



Principal Place of Business

C/O COTUGNO  
4979 SW 31ST TERR  
DANIA FL 33312

Mailing Address

C/O COTUGNO  
4979 SW 31ST TERR  
DANIA FL 33312

2. Principal Place of Business

3. Mailing Address

Dalgo Inc. T/A Ladies Workout Express Dalgo Inc. T/A Ladies Workout Express



1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc.  
5439 N. Federal Highway  
City & State  
Ft. Lauderdale, Florida

Suite, Apt. #, etc.  
5439 N. Federal Highway  
City & State  
Ft. Lauderdale, Florida

4. FEI Number

Applied For

Not Applicable

Zip  
33308

Country  
USA

Zip  
33308

Country  
USA

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

FRIEDMAN, ROBERT J ESQ  
1150 E HALLANDALE BEACH BLVD  
SUITE A  
HALLANDALE BEACH FL 33009

Name

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

City

**FL**

Zip Code

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, 2005 Fee Will Be \$550.00**

**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 D ☐ Delete  
NAME DALESSO, JOHN  
STREET ADDRESS 2100 LINWOOD AVE 11-X  
CITY-ST-ZIP FT LEE NJ 07024

TITLE D ☒ Delete  
NAME COTUGNO, KIM  
STREET ADDRESS 4979 SW 31ST TERR  
CITY-ST-ZIP DANIA FL 33312

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 #

3/08/05 954-772-9620