

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90034 028 ***150.00

DOCUMENT # P04000089371

1. Entity Name

DALGO, INC.



Principal Place of Business

DALGO INC T/A LADIES WORKOUT EXPRESS
5439 N FEDERAL HWY
FORT LAUDERDALE FL 33308

Mailing Address

DALGO INC T/A LADIES WORKOUT EXPRESS
5439 N FEDERAL HWY
FORT LAUDERDALE FL 33308



2. Principal Place of Business

5439 N. FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address

5439 N. FEDERAL HWY
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

FT. LAUDERDALE FL
Zip 33308 Country

City & State

FT. LAUDERDALE FL
Zip 33308 Country

4. FEI Number

34-1999953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2006 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 ☐ 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

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

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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 exemptions contained in Section 119, 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 line empowered.

SIGNATURE:

John Dalessio

Feb. 3, 06 954-772-9620