2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000001802

FILED Jun 29, 2005 Secretary of State

Entity Name: ALLEGRO RESORTS MARKETING CORPORATION

Current Principal Place of Business:		ce of Business:	New Principal Place of Business:	
	E LAGOON D)R		
50 IAMI, FL	33126 U	S		
urrent N	/lailing Addr	ess:	New Mailing Addres	ss:
303 BLUI	E LAGOON [DR .		
50 IAMI, FL	33126 U	3		
	: 65-0394262	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
ame and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
200 SOU	ORATION SY JTH PINE ISL TON, FL 333:	AND RD		
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ne above	·		e purpose of changing its registere	ed office or registered agent, or both,
he above the State	e named entit e of Florida.		e purpose of changing its registere	ed office or registered agent, or both,
ne above the State	e named entit e of Florida. RE:			ed office or registered agent, or both, Date
ne above the State GNATUI	e named entit e of Florida. RE: Electr	y submits this statement for the		
ne above the State IGNATUI	e named entit e of Florida. RE: Electr	y submits this statement for the only submits this statement for the only submits this statement for the only submits t	gent	
ne above the State GNATUI	e named entitie of Florida. RE: Electrompaign Finance S AND DIRE C DE DIEGO, 6	y submits this statement for the onic Signature of Registered A ing Trust Fund Contribution (). CTORS: () Delete GREGORIO AGOON DR., #250	gent	Date
ne above the State GNATUI ection Car FFICER: le: me: dress:	e named entitie of Florida. RE: Electrompaign Finance S AND DIRE C DE DIEGO, 0 6303 BLUE L MIAMI, FL 33 T GIRALDEZ, J	y submits this statement for the onic Signature of Registered A ing Trust Fund Contribution (). CTORS: () Delete GREGORIO AGOON DR., #250 3126 US () Delete IOAQUIN AGOON DR., #250	gent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAQUIN GIRALDEZ T 06/29/2005