
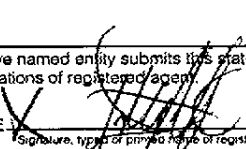

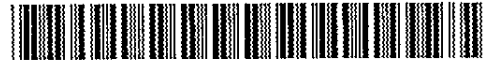


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000072668		
1. Entity Name ALG, INC.		
Principal Place of Business 16614 N. MIAMI AVENUE N. MIAMI BCH, FL 33169	Mailing Address 16614 N. MIAMI AVENUE N. MIAMI BCH, FL 33169	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GALLEGO, ASTRID 16614 NE N. MIAMI AVENUE N. MIAMI BCH, FL 33169		DO NOT WRITE IN THIS SPACE
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 reinstalling)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GALLEGO, ASTRID 164 NE 100 STREET MIAMI SHORES, FL 33138	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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:  (NOTE: Registered Agent signature required when reinstalling)		Date: 01-21-04 Daytime Phone: 305 940 2838



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0694514

Applied For
Not Applicable

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

UD00000013714
01/26/04-80065-001 150.00

**DO NOT WRITE
IN THIS SPACE**