2004 FOR PROFIT CORPORATION ANNUAL REPORT

2004 FILED
May 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000072668

1. Entity Name
ALG, INC.

Principal Place of Business	Mailing Address
16614 N. MIAMI AVENUE N. MIAMI BCH, FL 33169	16614 N. MIAMI AVENUE N. MIAMI BCH, FL 33169

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

GALLEGO, ASTRID
16614 NE N. MIAMI AVENUE
N. MIAMI BCH, FL 33169

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GALLEGO, ASTRID
STREET ADDRESS	164 NE 100 STREET
CITY-ST-ZIP	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	

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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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

U00000368341
05/26/05-80003-010 150.00

ALG INC
16614 N MIAMI AVENUE
N MIAMI BEACH, FL 33169

1827

63-841/670
BRANCH 0660

DATE 1/15/04

PAY TO THE ORDER OF Florida Dept of State $ 150.00

One hundred fifty 00 DOLLARS

UNION PLANTERS BANK

FOR P96000072668