2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # P99000107822 1. Entity Name ALEGORIA MEDIA, INC.						04-16-2004 90036 026 ***150.00				
Principal Plac		Mailing Address						540	24080	-
		954 AZURE LANE Weston, Fl. 33326			ŀ			040	3467)
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2. Principal P	lace of Business	3. Mailing Address	,	<u>,</u>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03312004	0.000	ەھە ە ە	900000000	
City & State		City & State				4. FEI Number 65-0973				plied For of Applicable
Zip	Country	Zip	Count	try		5. Certificate o	f Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent		News		7. Name and A	Address of New R	legistered .	Agent	
.RIVERA, ARADI				Name RIVERA, ARADI						
14461 S.W. 138TH PLACE MIAMI, FL 33186				Street Add	iress (P.	O. Box Number	is Not Acceptable	э)		
IVIIAIVII, FL	33100			95	54	AZURE	LANE	<u></u>		
				City C	UES	TON		FL	Zip Cod	326
8. The above the obligat	named entity submits this statement from of registered agent.	for the purpose of changing its	registere	ed office or re	egistere	d agent, or both	, in the State of Fig	orida. I am	familiar with,	and accept
SIGNATURE_	Signature typed or printed name of registered an	Hand title if applicable (NOTE	RiU	ERA ,	PRE	SINENT		4///	04	
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	ENOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550		ribution.	ncing). වෙන්නේ යට මෙන්නේ යට මෙ වෙන්නේන්නේ		· .	· .	
10.	OFFICERS AND	DDIRECTORS	11.			DESCRIPCIO	CHANGES TO OFF	ICERS AND		
		.00 Trust Fund Contr	ribution.		0000	ADDITIONS/C		ICERS AND	DIRECTOR	S IN 11
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Increby 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 ampowered 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!

ARADI RIVEKA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)385-0431