

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F87531

1. Entity Name
ALLIMEX, INC.



Principal Place of Business
14850 SW 43 LANE
MIAMI, FL 33185 US

Mailing Address
P.O. BOX 165803
MIAMI, FL 33116-5803

FILED
May 11, 2007 08:00 AM
Secretary of State



05092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2234050

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REID, ROBERTO
14850 SW 43 LANE
MIAMI, FL 33185

**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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PDVS
NAME REID, ROBERTO
STREET ADDRESS 14850 SW 43 LANE
CITY-ST-ZIP MIAMI, FL 33185

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000763625
05/30/07-80018-008 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO REID

Date

04/30/07

Daytime Phone #

(305)553-2142