


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90023 038 \*\*\*150.00

**DOCUMENT # P01000109375**

1. Entity Name  
**THE ALLIED DEVELOPMENT COMPANY, INC.**



Principal Place of Business      Mailing Address  
**8203 SW 124 ST**      **8203 SW 124 ST**  
**MIAMI, FL 33156**      **MIAMI, FL 33156**

40070000



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01042008      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
**65-1159825**       Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**

**MICALI, JOHN**  
**8203 SW 124 STREET**  
**MIAMI, FL 33156**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MICALI, JOHN	
STREET ADDRESS	19901 SW 124 ST	8203 SW 124 ST
CITY-ST-ZIP	MIAMI, FL 33186	MIAMI, FL 33156
TITLE	V	<input type="checkbox"/> Delete
NAME	WHELPLEY, DAVID	
STREET ADDRESS	13301 SW 124 ST	8203 SW 124 ST
CITY-ST-ZIP	MIAMI, FL 33186	MIAMI, FL 33156
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICALI, JOHN	
STREET ADDRESS	8203 SW 124 ST	
CITY-ST-ZIP	MIAMI, FLA 33156	
TITLE	V. PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELPLEY, DAVID	
STREET ADDRESS	8203 SW 124 STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** \_\_\_\_\_ **1/8/08**      Date      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR