FILED
May 11, 2007 8:00 am
Secretary of State
04-19-2007 90409 041 ***150.00

4/19/2(

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000059749

1. Entity Name
ALLIED INTERNATIONAL MANAGEMENT CORPORATION

66014476

Principal Place of Business	Mailing Address
3901 NW 115 AVE MIAMI, FL 33178	3901 NW 115 AVE MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
61-1422244

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAUNGARTEN, MAURICE
100 SW 2 ST STE 4300
MIAMI, FL 33131

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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 _____ 1/26/07
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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	NAMOFF, ROBERT
STREET ADDRESS	3901 NW 115 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	PD
NAME	PALMER, JAMES
STREET ADDRESS	3901 NW 115 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	T
NAME	KOVEN, MICHAEL
STREET ADDRESS	3901 NW 115 AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VPD
NAME	RUBIN, RONALD
STREET ADDRESS	13550 SW 61 COURT
CITY-ST-ZIP	MIAMI, FL 33156
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 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 Date Daytime Phone #