2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P02000059749

Entity Name: ALLIED INTERNATIONAL MANAGEMENT CORPORATION

Current Principal Place of Business:

3901 NW 115 AVE
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

3901 NW 115 AVE
MIAMI, FL 33178

New Mailing Address:

FEI Number: 61-1422244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: NAMOFF, ROBERT
Address: 3901 NW 115 AVE
City-St-Zip: MIAMI, FL 33178

Title: PD ( ) Delete
Name: PALMER, JAMES
Address: 3901 NW 115 AVE
City-St-Zip: MIAMI, FL 33178

Title: T ( ) Delete
Name: KOVEN, MICHAEL
Address: 3901 NW 115 AVE
City-St-Zip: MIAMI, FL 33178

Title: VPD ( ) Delete
Name: RUBIN, RONALD
Address: 13550 SW 61 COURT
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: RUBIN, RONALD
Address: 9100 S. DADELAND BLVD., STE 1600
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL KOVEN T 03/10/2009

Electronic Signature of Signing Officer or Director Date