


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000024501 1. Entity Name ALLIED NEW TECHNOLOGIES, INC.	
--	---

Principal Place of Business 3901 N.W. 115 AVENUE MIAMI, FL 33178-1859	Mailing Address 3901 N.W. 115 AVENUE MIAMI, FL 33178-1859
---	---

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1132642	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAUMGARTEN, MAURICE J 100 S.E. 2 STREET #4300 MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

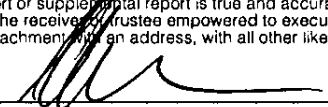
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NAMOFF, ROBERT 3901 NW 115 AVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, JIM 3901 NW 115 AVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBIN, RONALD 12550 SW 61 COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOVEN, MICHAEL 3901 NW 115 AVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000820147
02/18/08-80017-004 150.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____