## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000048640

BARBIC, TARA S

MIAMI, FL 33156

8203 SW 124TH STREET

Name:

Address:

City-St-Zip:

Entity Name: ALLIED BUILDING INSPECTION SERVICES, INC

FILED Apr 10, 2009 Secretary of State

|   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,         | 50.25                  |                 |   |  |                                      |  |  |
|---|---|------------------------|-----------------|---|--|--------------------------------------|--|--|
| Current Principal Place of Business:          |   |                        |                 | New Principal Place of Business:            |  |                                      |  |  |
| 8203 SW<br>MIAMI, FL                          | 124TH STRE<br>33156 U                           |                        |                 |   |  |                                      |  |  |
| Current Mailing Address:                      |   |                        |                 | New Mailing                                 | New Mailing Address:                         |                                      |  |  |
|   | 124TH STRE<br>33156 U                           |                        |                 |   |  |                                      |  |  |
| FEI Number                                    | : 65-0424560                                    | FEI Number Appli       | ed For ( )      | FEI Number Not Applica                      | able ( )                                     | Certificate of Status Desired (X)    |  |  |
| Name and Address of Current Registered Agent: |   |                        |                 | Name and A                                  | Name and Address of New Registered Agent:    |                                      |  |  |
| MICALI, JO<br>8203 SW<br>MIAMI, FL            | 124TH STRE                                      |                        |                 |   |  |                                      |  |  |
|   | named entit<br>e of Florida.                    | y submits this stater  | ment for the pu | rpose of changing its                       | registered (                                 | office or registered agent, or both, |  |  |
| SIGNATU                                       | RE:   |                        |                 |   |  |                                      |  |  |
| Electronic Signature of Registered Agent      |   |                        |                 | nt  | Date   |                                      |  |  |
| Election Ca                                   | mpaign Financ                                   | ing Trust Fund Contrib | oution ( ).     |   |  |                                      |  |  |
| OFFICERS AND DIRECTORS:                       |   |                        |                 | ADDITIONS                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |                                      |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D<br>MICALI, JOH<br>8203 SW 124<br>MIAMI, FL 33 | 4TH STREET             |                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | (  | ) Change ()Addition                  |  |  |
| Title:  | VP  | ( ) Delete             |                 | Title: S                                    | S ()   | () Change ( ) Addition               |  |  |

Name:

Address:

City-St-Zip:

MILLER, JIM T

MIAMI, FL 33156

8203 SW 124 STREET

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: JOHN MICALI D 04/10/2009