

2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P94000015422
 1. Entity Name
ALLIED HOTEL & RESTAURANT FURNITURE, INC.



Principal Place of Business Mailing Address
13260 S. W. 87TH AVENUE **13260 S. W. 87TH AVENUE**
MIAMI, FL 33176 **MIAMI, FL 33176**

DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0470425 Not Applicable

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

6. Name and Address of Current Registered Agent
RICCIO, CHRISTOPHER
13260 S. W. 87TH AVENUE
MIAMI, FL 33176

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	RICCIO, CHRISTOPHER
STREET ADDRESS	13260 S. W. 87TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	RICCIO, ANTHONY J
STREET ADDRESS	13260 SW 87 AV
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: CHRISTOPHER RICCIO, ANTHONY RICCIO **4-20-07** **305/251-2455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DeFume Phone #