

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000045604

Entity Name: ALLIED COMMERCE INC.

FILED  
May 02, 2005  
Secretary of State

## Current Principal Place of Business:

3250 NW 36TH ST  
MIAMI, FL 33142 US

## New Principal Place of Business:

1882 NE 170TH STREET  
A  
NORTH MIAMI BEACH, FL 33162 US

## Current Mailing Address:

1662 NE 196TH ST  
MIAMI, FL 33179 US

## New Mailing Address:

FEI Number: 65-0500009      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHKOLNIK, BORIS  
3250 NW 36TH ST  
MIAMI, FL 33142 US

## Name and Address of New Registered Agent:

SHKOLNIK, BORIS  
1882 N 170TH STREET  
A  
NORTH MIAMI BEACH, FL 33162 US

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: BORIS SHKOLNIK      05/02/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: SHKOLNIK, BORIS  
Address: 1662 N.E. 196 STR  
City-St-Zip: N. MIAMI BEACH, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BORIS SHKOLNIK      PTSD      05/02/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date