


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H20997</b> 1. Entity Name <b>ALLEN PROPERTIES SERVICE, INC.</b>	
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Principal Place of Business <b>1441 W 62ND ST. HIALEAH, FL 33012</b>	Mailing Address <b>1441 W 62ND ST. HIALEAH, FL 33012</b>
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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2441362</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GRIFFITH HAROLD A  
1441 WEST 62ND ST  
HIALEAH, FL 33012**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRIFFITH, TULIA 1441 W 62ND ST. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GRIFFITH, THEODA H 2105 HUTTO CONWAY, AR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GRIFFITH HARROLD A 1441 W 62ND ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MYRA D GRIFFITH 2105 HUTTO CONWAY, AR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFITH, MARCY L 1441 W 62ND ST. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFITH, KELLY S 1441 W 62ND ST HIALEAH, FL 33012

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01/22/07-80045-018 150.00

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:  **HAROLD A. GRIFFITH** 01/02/07 557-2368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #