2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2007 08:00 AM Secretary of State

Fee Required

DOCUMENT # L87477

ALLIÉD SERVICES INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

8180 NW 36TH STREET SUITE 100 MIAMI, FL 33166

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DO NOT WRITE IN THIS SPACE

| 02142007 No Cng-P | | CR2E034 (11/05) | | |
|-------------------|----------------|-----------------|-------------------|----|
| 4. FEI Number | | | Applied For | _ |
| 65-0224864 | | | Not Applicab | le |
| 5 Continues of | Status Desired | | \$8.75 Additional | |

6. Name and Address of Current Registered Agent

SAENZ, RAUL M **8180 NW 36TH STREET** SUITE 100 MIAMI, FL 33166

SIGNATURE: TELIPE WESA

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

| | named entity submits this statement for the pains of registered agent. | urpose of changing its reg | istered office or i | registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
|--|--|--|---|--|---|
| SIGNATURE | ignature, typed or printed name of registered agent and title it | applicable (NOTE: Reg | gstered Agent signatur | e required when reinstating) | DATE |
| FILE After May | NOW!!! FEE IS \$150.00 y 1, 2007 Fee will be \$550.00 | Election Campaign F Trust Fund Contribut | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | | |
| NAME I STREET ADDRESS & | PS MESA, FELIPE 8180 NW 36TH STREET SUITE 100 MIAMI, FL 33166 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | U00000650985 03/08/07-80034-023 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | • | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-SJ-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. I hereby cer indicated or of the corpo changed, o | rify that the information supplied with this fil n this report or supplemental report is true a oration or the receiver or trustee empowered r on an attachment with an address, with all | ing does not qualify for the nd acculate and that my to to execute this report as other like impowered. | e exemptions co gnature shall ha quired by Chap | ntained in Chapter 11! ve the same legal effe ter 607, Florida Statute | Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if |

OFFICER OR DIRECTOR