

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90150 001 \*\*\*158.75

**DOCUMENT # M49063**

1. Entity Name

**ALLIED SPECIALTY CHEMICAL & INSTRUMENTATION,  
INC.**



Principal Place of Business

~~5201 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI FL 33126~~

Mailing Address

~~5201 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI FL 33126~~

64068300



MOORE CR2E034 (11/03)

2. Principal Place of Business

121 Alhambra Plaza  
Suite Apt. #, etc.  
SUITE 1000

3. Mailing Address

121 Alhambra Plaza  
Suite Apt. #, etc.  
SUITE 1000

City & State

CONAL Gables, FL  
Zip 33134 Country U.S.A.

City & State

CONAL Gables, FL  
Zip 33134 Country U.S.A.

4. FEI Number 59-2809541

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GROSSMAN, MARK D  
~~5201 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI FL 33126~~

7. Name and Address of New Registered Agent

Name MARK GROSSMAN  
Street Address (P.O. Box Number is Not Acceptable)  
121 Alhambra Plaza  
SUITE 1000  
City CONAL Gables FL Zip Code 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CPT	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, HAYDEE	
STREET ADDRESS	<del>5201 BLUE LAGOON DRIVE, #100-</del>	
CITY-ST-ZIP	<del>MIAMI FL 33126</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	121 Alhambra Plaza, Suite 1000	
CITY-ST-ZIP	CONAL Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-04 (205) 238-0477  
Date Daytime Phone #