


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**


05-01-2006 90786 001 \*1,428.75

<b>DOCUMENT # M49063</b> <b>1. Entity Name</b> <b>ALLIED SPECIALTY CHEMICAL &amp; INSTRUMENTATION, INC.</b>	
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<b>Principal Place of Business</b> <b>2000 PONCE DE LEON BLVD</b> <b>6TH FLOOR</b> <b>CORAL GABLES, FL 33134 US</b>	<b>Mailing Address</b> <b>2000 PONCE DE LEON BLVD</b> <b>6TH FLOOR</b> <b>CORAL GABLES, FL 33134 US</b>
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04182006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> <b>59-2809541</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

GROSSMAN, MARK D  
2000 PONCE DE LEON BLVD  
6TH FLOOR  
CORAL GABLES, FL 33134

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CPT</b> <b>HAYDEE, LENNES</b> <i>Lennes</i> <b>2000 PONCE DE LEON BLVD, 6TH FL</b> <b>CORAL GABLES, FL 33134</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:** *Haydee Lennes* *04/20/06* *(305) 238-0477*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #