


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90168 001 *1,428.75

DOCUMENT # M49063			
1. Entity Name ALLIED SPECIALTY CHEMICAL & INSTRUMENTATION, INC.			
Principal Place of Business 2000 PONCE DE LEON BLVD 6TH FLOOR CORAL GABLES, FL 33134 US		Mailing Address 2000 PONCE DE LEON BLVD 6TH FLOOR CORAL GABLES, FL 33134 US	
2. Principal Place of Business - No P.O. Box # 9935 SW 87 Ct.		3. Mailing Address 9955 SW 87 Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, Florida		City & State MIAMI, Florida	
Zip 33174	Country U.S.A.	Zip 33174	Country U.S.A.
6. Name and Address of Current Registered Agent GROSSMAN, MARK D 2000 PONCE DE LEON BLVD 6TH FLOOR CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Dr. J. Al Esquivel Street Address (P.O. Box Number is Not Acceptable) 9955 S.W. 87th COURT City MIAMI FL Zip Code 33174	
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 Dr. J. Al Esquivel DATE 04-03-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT LEKNES, HAYDEE 2000 PONCE DE LEON BLVD, 6TH FL CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9955 SW 87 Ct. MIAMI, FLORIDA 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Dr. J. Al Esquivel		Date 04-03-08 (305) 238-0477	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

66009913



04032008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2809541

Applied For
Not Applicable

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