

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000003744

Entity Name: ALLIE G'S, INC.

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4833 COLLINS AVE  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

4833 COLLINS AVE  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

FEI Number: 65-0975983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STERLING, LUCY  
816 E LAS OLAS BLVD.  
FT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STERLING, LUCY  
Address: 816 E LAS OLAS BLVD.  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D  
Name: WALKER, RAY  
Address: 816 E LAS OLAS BLVD.  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D  
Name: MOCCIA, JOHNPAUL  
Address: 816 E LAS OLAS BLVD.  
City-St-Zip: FT LAUDERDALE, FL 33301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHNPAUL MOCCIA

DIR

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date