2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) **DOCUMENT # P00000079939** 1. Entity Name ALLIED PROPERTY MANAGEMENT, INC.



FILED Jan 31, 2008 08:00 Al Secretary of State



				TOO WE 15					
Principal Plac	ce of Business	Mailing Address							
1881 NW 36TH STREET		1881 NW 36TH STREET							
OAKLAND PARK FL 33309			OAKLAND PARK FL 33309						1211221 1 1 1
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2 Princupal f	Place of Business - No P.O. Box #	3. Mailing Address			_ ` ' IBI	BRENOL IIL NOUL BREK NOUL B	ERT BEIN BENT 1881	I IDIID IERUB IRRI	1011001 H (ED)
a. mapan	Tage of Business - No F.C. Box 4	a. Washing Address			İ				
Suite, Apt. #, etc.		Suite, Apt #, etc.		┥ .	4 1400mm	ODOFOR	(40/07)		
					1st MOORE CR2E034 (10/07)				
City & State		City & State			4. FEI Numb	oer os associ			Applied For
						65-10339	63	1	Not Applicable
Zip Country		Zφ	Z _f p Country		5. Certificate	e of Status Desired	ı 🗆	\$8.75 A	
			A		7. Name and Address of New Registered Agent				
	6. Name and Address of Currer	it Registered Agent	Nar	Tif	7. Name an	d Address of New	Registered	Agent	
TAMECKI, MARK			14,2.7,5						
188	1 NW 36TH ST	Street Addre		et Address	iss (P.O. Bôx Number is Not Acceptable)				
	KLAND PARK FL 33309								
			City	/			FL	Zip Co	de
8. The above	e named entity submits this statement	for the purpose of changing its	s registered offu	ce or registe	ered agent or re	otn, in the State of I		familiar witt	and accent
	lions of registered agent.	tor and purple of or andinging it	3 . cg.o.c. ca a	ad or ragione	ned agent or or	Star, and the State of	rional. ram	-CIT-III-CIT-4VICE	i, ma accept
SIGNATURE	Signature, typed or otored name of registered age	ctantitle Lappicasie. (NO	TE Fegistered Agents	agrature require	ed when reinstating)	•	DATE		
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	May 1, 2008 Fee Will Be \$550.0 k Payable to Florida Department					Trust Fund C	entribution.	☐ Add	ded to Fees
	OFFICERS AN	i landina li	1 11		ADDITIONS	CHANCESTO	CELOCOC AND	DIDECTO	DC INLAA
TITLE	D OFFICERS AIN	Delete	11.		ADDITIONS	/CHANGES TO O	PRICERS AND	DIRECTOR Change	
NAME	TAMECKI, MARK	□ Derete	NAME					LT Distrige	Addition
STREET ADDRESS	1871 NW 36TH STREET		STREET ADOR	RESS					
CITY-ST-ZIP	OAKLAND PARK FL 33309		CITY-ST-ZIP						
TITLE	D	☐ Delete	TETLE					☐ Change	☐ Addition
NAME	TAMECKI, BOZENNA		NAME			חממממנו	807638		3
STREET ADDRESS	1871 NW 36TH STREET		STREET ADDR	FSS		02/07/08-	80016-0	08 150	nn
CITY-ST-ZIP	OAKLAND PARK FL 33309		CITY-ST-ZIP			52. 511 55			
MILE		☐ Dełete	TITLE					Change	☐ Addition
NAME			NAME	_[
"STREET ADDRESS"			STREET ADDR						
CITY-ST-ZIP			CITY-ST-ZIP						
MITE		☐ Deiete	THILE					Change	Addition
NAME ETRIET ADORDO			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	LSS					
									
TITLE NAME		☐ Delete	TITLE					Change	Addition
STREET ADDRESS			NAME Street Addr	t ec					
CITY-ST-ZIP			CITY-SI-ZIP	101					
		. □ a	<u> </u>					Chance:	III Addition
TITLE NAME		☐ De ele	TITLE NAME	-				Change	Addition
STREET ADDRESS			STREET ADDR	ESS		•			

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes if 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.

CITY-ST ZIP

SIGNATURE:

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954717 9634