

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000074132

Entity Name: ALLIED LEASING GROUP, INC.

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

13307 SW 87TH AVE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 561066
MIAMI, FL 33256

New Mailing Address:

FEI Number: 58-2636779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, BOBBY
13307 SW 87TH AVE
MIAMI, FL 33176 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: JOSEPH, BOBBY
Address: 8241 SW 148 ST.
City-St-Zip: MIAMI, FL 33158

Title: VP () Delete
Name: PHILIP, ROY
Address: 13765 SW 90 #8206
City-St-Zip: MIAMI, FL 33176

Title: S () Delete
Name: JOSEPH, SHINEY
Address: 9241 SW 146TH ST.
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BOBBY JOSEPH

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date