


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000059749</b> 1. Entity Name <b>ALLIED INTERNATIONAL MANAGEMENT CORPORATION</b>	
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Principal Place of Business <b>3901 NW 115 AVE MIAMI, FL 33178</b>	Mailing Address <b>3901 NW 115 AVE MIAMI, FL 33178</b>
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>61-1422244</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BAUNGARTEN, MAURICE 100 SW 2 ST STE 4300 MIAMI, FL 33131</b>
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NAMOFF, ROBERT 3901 NW 115 AVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, JAMES 3901 NW 115 AVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOVEN, MICHAEL 3901 NW 115 AVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUBIN, RONALD 13550 SW 61 COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000820143  
02/18/08-80016-025 150.00

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #