2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000077018  1. Entity Name ALLIED PRINTERS, INC.				Mar 11, 2005 08:00 AN Secretary of State
Principal Plac	e of Business	Mailing Address		
11850 SW 4 MIAMI FL 33	ISTH ST	11850 SW 45TH ST MIAMI FL 33175	•	נעער נו לשעונער הענות הואסר הענות האוצה אוינגע של האוצה הואסה האוא אינו או אוינגע אוינגע אוינגע אוינגער האואסה רעער נו לשעונער הענות האואסר האוא
2. Principal P	Place of Business	3. Mailing Address		
		•		;
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & Stat	te	City & State		4. FEI Number 43-1969769 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	/ Name	7. Name and Address of New Registered Agent
ARE	RAMS, DAVID S			
9400 S DADELAND BLVD PH-3 MIAMI FL 33156			Street Address	(P.O. Box Number is Not Acceptable)
				Zip Code
			City	_ <b></b>
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agei		E Registered Agent signature require	d when reinstating) DATE
	TLE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0	00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
	k Payable to Florida Department	of State		Added to Fees
	k Payable to Florida Department OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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 of 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tose L. Moreira -3/9/05 -305-207-176-

**FILED**