

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90167 029 ***150.00

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04242006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000020427			
1. Entity Name ALLIED PROPERTY GROUP, INC.			
Principal Place of Business 13200SW128THST. SUITEB2 MIAMI,FL33186JS		Mailing Address 13200SW128THST. SUITEB2 MIAMI,FL33186JS	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 16-0727569		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, ANA L 13205 SW 137TH AVENUE SUITE 232 MIAMI, FL 33186		7. Name and Address of New Registered Agent Name <u>Ana Sanchez Rivero</u> Street Address (P.O. Box Number is Not Acceptable) <u>13200 SW 128 St. B2</u> City <u>MIAMI</u> FL Zip Code <u>33186</u>	
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 <u>Ana Sanchez Rivero President</u> DATE <u>4/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, ANA L 10395 SW 88 ST., V-7 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ana Sanchez Rivero 13200 SW 128 St. B2 MIAMI FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S RIVERO, JAIME 10395 SW 88 ST., V-7 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S JAIME RIVERO 13200 SW 128 St. B2 MIAMI FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Ana Sanchez Rivero</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/24/06</u> Daytime Phone # <u>305-232-1579</u>	