2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 02-26-2007 90068 035 ***150.00 DOCUMENT # P03000020427 1. Entity Name ALLIÉD PROPERTY GROUP, INC. 40024390 Principal Place of Business Mailing Address 13200 SW 128TH ST. 13200 SW 128TH ST. SUITE B2 SUITE B2 MIAMI, FL 33186 US MIAMI, FL 33186 2. Principal Place of Business - No PO Box INC. ALLIED PROPERTY GROUP, INC. ALLIED PROPERTY GROUP, INC. Suite, Apt. 12350 S.W. 132 CT. ^¶2350 S.W. 132 CT. 01172007 CR2E034 (12/06) City & State SUITE 114 City & State 4. FEI Number Applied For **SUITE 114** 16-0727569 Not Applicable MIAMI, FL.33186 MIAMI. FL-33186 \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLIED PROPERTY GROUP, INC SANCHEZ RIVERO, ANA 13200 SW 128 ST P.O. Box Number is Not Acceptable) B-2 MIAMI, FL 33186 Zip Code FL MIAMI. FL 33186 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 ages DMIA SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete Change Addition TITLE TITLE ANA SANCHEZ Rivero SANCHEZ RIVERO, ANA NAME 12350 5W 132 Ct. #114 13200 SW 128 ST., B2 STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP HUANI , FC 33(86 **√.P.** , S. VP.S ☐ Delete TITLE Change Change ☐ Addition JAIME RIVER RIVERO, JAIME NAME NAME 12350 SW 132 C+ #114 STREET ADDRESS 13200 SW 128 ST., B-2 STREET ADDRESS MIAMI, FL 33186 CITY-ST-7IP CITY-ST-7IP Miani Fc 33186 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Riverso

FILED Feb 26, 2007 8:00 am

305-232-1579