

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
5 Jun 13, 2005 8:00 am
Secretary of State

05-04-2005 90132 035 ***150.00

DOCUMENT # P03000022623					
1. Entity Name ALLIED BUSINESS CAPITAL, INC.					
Principal Place of Business 2933 N. W. 9TH AVENUE WILTON MANORS, FL 33311			Mailing Address 2933 N. W. 9TH AVENUE WILTON MANORS, FL 33311		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 03292005			Chg-P		CR2E034 (10/03)
5. Certificate of Status Desired ☐			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ZITO, JOHN 2933 N. W. 9TH AVENUE WILTON MANORS, FL 33311			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$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	PSTD ZITO, JOHN 2933 N. W. 9TH AVENUE WILTON MANORS, FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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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)(b), 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 a letter like empowered.					
SIGNATURE: <u>John Zito</u>			5/25/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					