

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062177

Entity Name: ALLIED INSURANCE GROUP, INC

FILED  
Apr 11, 2007  
Secretary of State

**Current Principal Place of Business:**

8848 W. STATE ROAD 84  
DAVIE, FL 33324

**New Principal Place of Business:**

8848 WEST STATE ROAD 84  
DAVIE, FL 33324

**Current Mailing Address:**

2050 NW 81ST AVE  
#213  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

8848 WEST STATE ROAD 84  
DAVIE, FL 33324

FEI Number: 20-5213162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, VICTOR M  
2050 NW 81ST AVE  
#213  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONZALEZ, VICTOR M  
Address: 2050 NW 81ST AVE #213  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR M. GONZALEZ

PRES

04/11/2007

Electronic Signature of Signing Officer or Director

Date