2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000139255

1. Entity Name
ALLIED SIGNS CORP.

Principal Place of Business	Mailing Address
349 EAST 49TH STREET HIALEAH, FL 33013	349 EAST 49TH STREET HIALEAH, FL 33013

DO NOT WRITE IN THIS SPACE

03212008 | No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1730182	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCUDERI, MARIANO
349 EAST 49TH STREET
HIALEAH, FL 33013

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	000000517331 05/01/06-80043-004 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOPICO, ROLANDO
STREET ADDRESS	14039 SW 30TH STREET
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VD
NAME	SCUDERI, MARIANO
STREET ADDRESS	8075 NW 7TH STREET #519
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   3/30/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #