


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90086 022 \*\*\*150.00

<b>DOCUMENT # P05000089927</b> 1. Entity Name ALLIED INSURANCE SERVICES, INC.	
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Principal Place of Business 8400 N UNIVERSITY DR SUITE 303 TAMARAC, FL 33321	Mailing Address 8400 N UNIVERSITY DR SUITE 303 TAMARAC, FL 33321
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<b>DO NOT WRITE IN THIS SPACE</b>
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04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4301717	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JOSEPH, ALAN 8400 N UNIVERSITY DR SUITE 303 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JACOBS, STEVEN 8400 N UNIVERSITY DR SUITE 303 TAMARAC, FL 33321
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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: Steven Jacobs 4/20/07 954-721-3347  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40076005

#P058000089927

MACHLUS TAX AND ACCOUNTING INC  
1538 NW 121 DRIVE  
CORAL SPRINGS, FL 33071

954-340-7933  
954-340-7493 (FAX)

DATE:

APRIL 17, 2007

TO:

ALLIED INSURANCE SERVICES, INC.

INSTRUCTIONS FOR FILING ATTACHED TAX RETURN!  
RETAIN THIS SHEET - DO NOT MAIL!

RETURN ENCLOSED:

FLORIDA ANNUAL TAX - YEAR 2007

TO BE SIGNED BY:

☐ TAXPAYER

☐ TAXPAYER AND SPOUSE

☒ OFFICER

AMOUNT OF TAX:

☒ PAYABLE IN FULL 150.00

☐ NO TAX PAYABLE

CHECK PAYABLE TO:

☒ FLORIDA DEPARTMENT OF STATE

MAIL RETURN AND CHECK BY:

☒ DATE DUE: AT ONCE!

MAIL TO:

☒ DIVISION OF CORPORATIONS  
P O BOX 1500  
TALLAHASSEE, FL 32302-1500

☐ ENVELOPE ENCLOSED

☒ OTHER:

DIVISION OF CORPORATIONS

P. O. BOX 1500

TALLAHASSEE, FL 32302-1500

REMARKS: