

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000024501

FILED
Mar 10, 2009
Secretary of State

Entity Name: ALLIED NEW TECHNOLOGIES, INC.

Current Principal Place of Business:

3901 N.W. 115 AVENUE
MIAMI, FL 331781859

New Principal Place of Business:

Current Mailing Address:

3901 N.W. 115 AVENUE
MIAMI, FL 331781859

New Mailing Address:

FEI Number: 33-1132842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMGARTEN, MAURICE J
100 S.E. 2 STREET #4300
MIAMI, FL 33131 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: CD () Delete
Name: NAMOFF, ROBERT
Address: 3901 NW 115 AVE
City-St-Zip: MIAMI, FL 33178

Title: PD () Delete
Name: PALMER, JIM
Address: 3901 NW 115 AVE
City-St-Zip: MIAMI, FL 33178

Title: SD () Delete
Name: RUBIN, RONALD
Address: 12550 SW 61 COURT
City-St-Zip: MIAMI, FL 33156

Title: TD () Delete
Name: KOVEN, MICHAEL
Address: 3901 NW 115 AVE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: RUBIN, RONALD
Address: 9100 S. DADELAND BLVD., STE 1600
City-St-Zip: MIAMI, FL 33156

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: MICHAEL KOVEN

TD

03/10/2009

Electronic Signature of Signing Officer or Director

Date