## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000003256

City-St-Zip:

Entity Name: ALLIED T PRO FLORIDA INC.

FILED Feb 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1688 MERIDIAN AVE., STE. 300 MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 500 SEVENTH AVENUE 9TH FLOOR NEW YORK, NY 10018 US FEI Number: 59-3158458 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAENI, MARC 1688 MERIDIAN AVE., STE. 300 MIAMI BEACH, FL 33139 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ROSSMANGO, JANE Name: Name: 500 SEVENTH AVENUE, 9TH FL. Address: Address: City-St-Zip: NEW YORK, NY 10018 US City-St-Zip: Title: Title: SD () Delete (X) Change ( ) Addition Name: KATZ, MAX Name: KATZ, MAX 500 SEVENTH AVENUE, 9TH FL. 500 SEVENTH AVENUE, 9TH FL. Address: Address: NEW YORK, NY 10018 US NEW YORK, NY 10018 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition SCHAFROTH, ROLF Name: Name: 500 SEVENTH AVENUE, 9TH FL. Address: Address: City-St-Zip: NEW YORK, NY 10018 US City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition MARK, MORELLO Name: Name: Address: Address: 500 SEVENTH AVENUE, 9TH FL.

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.

City-St-Zip:

NEW YORK, NY 10018 US

SIGNATURE: JANE ROSSMANGO PD 02/28/2008