


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT.**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P94000015422</b><br>1. Entity Name<br><b>ALLIED HOTEL &amp; RESTAURANT FURNITURE, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>13260 S. W. 87TH AVENUE<br/>MIAMI, FL 33176</b> | Mailing Address<br><b>13260 S. W. 87TH AVENUE<br/>MIAMI, FL 33176</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04172007 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0470425</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>RICCIO, CHRISTOPHER<br/>13260 S. W. 87TH AVENUE<br/>MIAMI, FL 33176</b> |
|---|

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

|  |  |
|--|--|
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|--|

|  |                                    |
|--|------------------------------------|
| <b>10. OFFICERS AND DIRECTORS</b>                |                                    |
| TITLE<br><b>P</b>                                | NAME<br><b>RICCIO, CHRISTOPHER</b> |
| STREET ADDRESS<br><b>13260 S. W. 87TH AVENUE</b> |                                    |
| CITY-ST-ZIP<br><b>MIAMI, FL 33176</b>            |                                    |
| TITLE<br><b>VP</b>                               | NAME<br><b>RICCIO, ANTHONY J</b>   |
| STREET ADDRESS<br><b>13260 SW 87 AV</b>          |                                    |
| CITY-ST-ZIP<br><b>MIAMI, FL 33176</b>            |                                    |
| 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:** *Christopher Riccio* *Anthony J Riccio* *Walter* **4-20-07** **305/251-2455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deafline Phone #