


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90112 039 ***150.00

DOCUMENT # P94000015422					
1. Entity Name ALLIED HOTEL & RESTAURANT FURNITURE, INC.					
Principal Place of Business 13260 S. W. 87TH AVENUE MIAMI, FL 33176			Mailing Address 13260 S. W. 87TH AVENUE MIAMI, FL 33176		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0470425	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICCIO, CHRISTOPHER 13260 S. W. 87TH AVENUE MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
SIGNATURE _____			DATE _____		
(NOTE: Registered Agent signature required when reinstating)			FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RICCIO, CHRISTOPHER STREET ADDRESS 13260 S. W. 87TH AVENUE CITY - ST - ZIP MIAMI, FL. 33176	<input type="checkbox"/> Delete		TITLE P NAME Riccio, Anthony J STREET ADDRESS 13260 SW 87 AVE. CITY - ST - ZIP MIAMI FL. 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME RICCIO, ANTHONY J STREET ADDRESS 13260 SW 87 AV CITY - ST - ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE VP NAME Riccio, Christopher STREET ADDRESS 13260 SW 87 AVE CITY - ST - ZIP MIAMI FL. 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			4/17/08 305/251-2455		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		