

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000045604

Entity Name: ALLIED COMMERCE INC.

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1882 NE 170TH STREET  
A  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

1662 NE 196TH ST  
MIAMI, FL 33179 US

**New Mailing Address:**

FEI Number: 65-0500009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHKOLNIK, BORIS  
1882 N 170TH STREET  
A  
NORTH MIAMI BEACH, FL 33162 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: PTSD  
Name: SHKOLNIK, BORIS  
Address: 1662 N.E. 196 STR  
City-St-Zip: N. MIAMI BEACH, FL 33179

I hereby 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 all other like empowered.

SIGNATURE: BORIS SHKOLNIK

PTSD

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date