


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000072810 1. Entity Name ALLIED ASSOCIATES, INC.	
--	---

Principal Place of Business 9165 SW 14 STREET SUITE 1204 BOCA RATON, FL 33428	Mailing Address 9165 SW 14 STREET SUITE 1204 BOCA RATON, FL 33428
---	---

DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0524766	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, IRENE R
9165 SW 14 STREET SUITE 1204
BOCA RATON, FL 33428

DO NOT WRITE
IN THIS SPACE

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: *Irene R. Bernstein* 3/21/05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, IRENE R 9165 SW 14 STREET STE 1204 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, TED S 9165 SW 14 STREET SUITE 1204 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, THEODORE S 8903 GLADES RD #L-9231 BOCA RATON, FL 33434
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

UN0000274417
03/24/05-80011-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Irene R. Bernstein* 3/21/05 (561) 483-3260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #