... 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000023088

1. Entity Name

ALLIED / BROADWAY PROPERTIES, INC.



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

URDANG & ASSOC. REAL ESTATE ADVISO 630 WEST GERMANTOWN PIKE, SUITE 300 PLYMOUTH MEETING, PA 19462 Mailing Address

URDANG & ASSOC. REAL ESTATE ADVISO 630 WEST GERMANTOWN PIKE, SUITE 300 PLYMOUTH MEETING, PA 19462



DO NOT WRITE IN THIS SPACE 02082007

CR2E034 (11/05)

4. FEI Number 23-2848296

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

630 WEST GERMANTOWN PIKE, SUITE 300

PLYMOUTH MEETING, PA 19462

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

No Chg-P

	·			IIN I	INIS SPACE
	named entity submits this statement for the proons of registered agent.	urpose of changing its register	ed office or re	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature: typed or printed name of registered agent and little if applicable. (NOTE: Registered Ap				required when reinstaling)	DATI:
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP URDANG, E. SCOTT 630 GERMANTOWN PIKE, SUITE 321 PLYMOUTH MEETING, PA 19462				U00000746151 05/16/07-80058-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BLUM, DAVID J. 630 WEST GERMANTOWN PIKE, SUI PLYMOUTH MEETING, PA 19462	TE 300			

TITLE COO NAME FERST, RICHARD J STREET ADDRESS CITY-ST-ZIP PLYMOUTH MEETING, PA 19462 TITLE V NAME SANFILIPPO, VINCENT TOO OF FERST, RICHARD J 630 WEST GERMANTOWN PIKE, SUITE 300 PLYMOUTH MEETING, PA 19462 TITLE V SANFILIPPO, VINCENT

12. Thereby 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 eport 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 of trustee appowered 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 without address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07 610-834-9500