

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000049200

1. Entity Name
ALLIED DISTRIBUTION SERVICES, INC.



Principal Place of Business

**8180 NW 36 ST
STE 410
MIAMI, FL 33166**

Mailing Address

**1871 NW 106 TERR
PLANTATION, FL 33322**



08182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0689648

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CHEN, CHRISTOPHER
1871 NW 106 TERR
PLANTATION, FL 33322**

**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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | P | |
| NAME | CHEN, CHRISTOPHER | |
| STREET ADDRESS | 1871 NW 106 TERR | |
| CITY-ST-ZIP | PLANTATION, FL 33322 | |
| TITLE | VPO | |
| NAME | WONG, FRANS | |
| STREET ADDRESS | 11520 NW 34 PLACE | |
| CITY-ST-ZIP | SUNRISE, FL 33322 | |
| TITLE | VPS | |
| NAME | CHUNG, STEPHEN | |
| STREET ADDRESS | 9974 NW 6 CT | |
| CITY-ST-ZIP | PLANTATION, FL 33324 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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09/08/04-80003-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 change or other like information.

SIGNATURE

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/04 **954-232-2492**