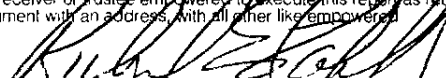


FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000088785 1. Entity Name ALLIED PROJECT MANAGEMENT, INC.			
Principal Place of Business 9359 AQUA VISTA BLVD BOYNTON BEACH, FL 33437		Mailing Address 9359 AQUA VISTA BLVD BOYNTON BEACH, FL 33437	
			
		03222004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0878868	
		Applicable Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
ESTALELLA, RICHARD 9359 AQUA VISTA BLVD. BOYNTON BEACH, FL 33437			
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		PSD ESTALELLA, RICHARD 9359 AQUA VISTA BLVD. BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP			
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 or changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		PRESIDENT RICHARD ESTALELLA 4/5/04 561-737-437	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/5/04 561-737-437	