

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S08117**

1. Entity Name  
**ALLIED SHELVING AND EQUIPMENT, INC.**



Principal Place of Business  
**5761 N.W. 37 AVENUE  
MIAMI, FL 33142**

Mailing Address  
**5761 N.W. 37 AVENUE  
MIAMI, FL 33142**

**DO NOT WRITE IN THIS SPACE**



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0361110**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MAYSONET, GEORGE  
9280 S.W. 146 STREET  
MIAMI, FL 33176**

**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: *George Maysonet* *George Maysonet - President* *3/3/4 NO CHANGE*  
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, 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	PD MAYSONET, GEORGE 9280 SW 146TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAYSONET, GREGORY 9280 SW 146 ST MIAMI, FL 33176
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	

000000078743  
03/08/04-80038-017 150.00

**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)(l), 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: *George Maysonet* *3/3/4* *PRESIDENT*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-634-5052